

Name
in
Full

Cecilia Jane Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

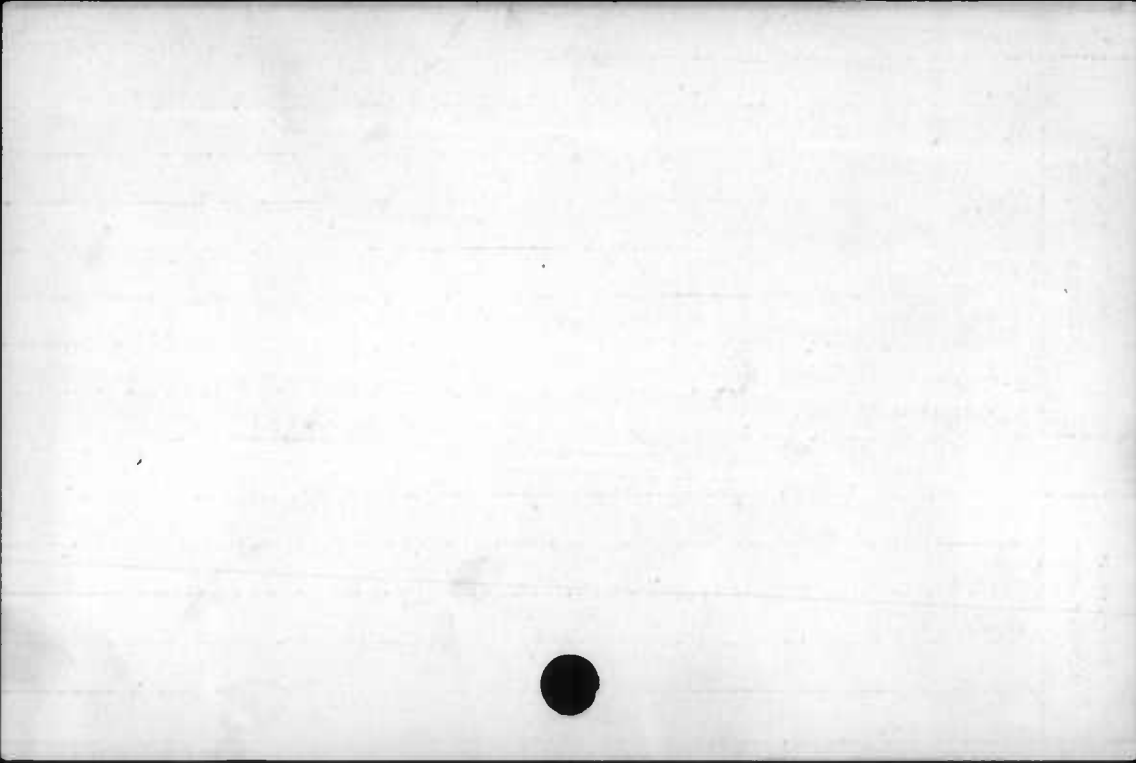
Died at		Town Middletown		County Frederick		MARYLAND	
Date of death	1909	Month June	Day 2	Age 70	Years	Months 2	Days 16
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Alexander					Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Beckenbaugh					Mother's Birthplace	"
Name of person giving information	Marshall Forte					How related to deceased	Niece

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis, Acute		How long	9 weeks
Immediate	Exhaustion		How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	[Signature]
			Address	Middletown
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

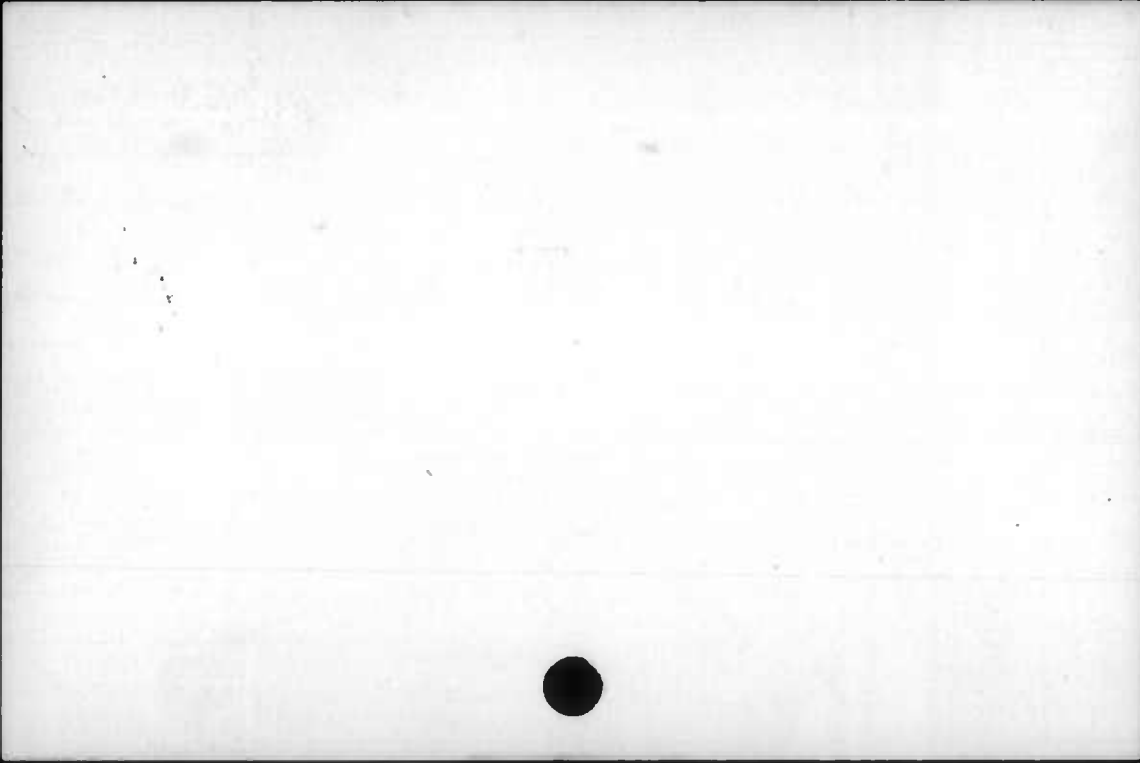
Name in Full <i>John Henry Baer</i>		Town <i>Ellettsville</i>		County <i>Franklin</i>		MARYLAND	
Died at <i>Ellettsville</i>		Month <i>June</i>		Day <i>14</i>		Years <i>65</i>	
Date of death <i>1909</i>		Months <i>6</i>		Days <i>5</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Kearsburg</i>					
Father's Name <i>Baer</i>		Father's Birthplace <i>Mich</i>					
Mother's Maiden Name <i>Funk</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

62

PHYSICIAN
OR CORONER

Primary <i>Posterior Spinal Sclerosis</i>	How long <i>One yr</i>
Immediate <i>Exhaustion</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. E. Little</i>
	Address <i>Franklin</i>
Accident or Suicide?	



Name
in
Full

Urban

Bradshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND

Date of death 1909 June Month 25 Day 0 Age 7 Months 4 Days

Sex Male Color or Race White Birth-place MD

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name J. Loats Bradshaw Father's Birthplace MD

Mother's Maiden Name Minnie Withide Mother's Birthplace MD

Name of person giving Information J. H. Bradshaw How related to deceased Father

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary Heart & Stroke How long 1 hour

Immediate Effusion into brain How long ?

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. W. Johnson

Address Frederick MD

Accident or Suicide no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Thomas H. Brooks* Town *Libertytown* County *Fredk.*
Died at
Date of death 1909 *16* Month *18* Day *1* Age *6* Years *21* Months *6* Days
Sex *Male* Color or Race *Black* Birth-place *Libertytown*
Occupation _____ Where Residing if not at place of death _____

☒ Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *John Thomas Brooks* Father's Birthplace *Libertytown*
Mother's Maiden Name *Clara Jenkins* Mother's Birthplace *Libertytown*
Name of person giving Information *Mrs. J. J. Brooks* How related to deceased *Mother.*

CAUSES OF DEATH

Primary *Pertussis* How long *5 weeks.*
Immediate *Convulsions* How long *3 hours.*

Are the name, age, sex, color, data and place correctly given above? *Yes*
Accident or Suicide *No*

Signature of Physician *Ira H. Beale*
Address *Libertytown*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

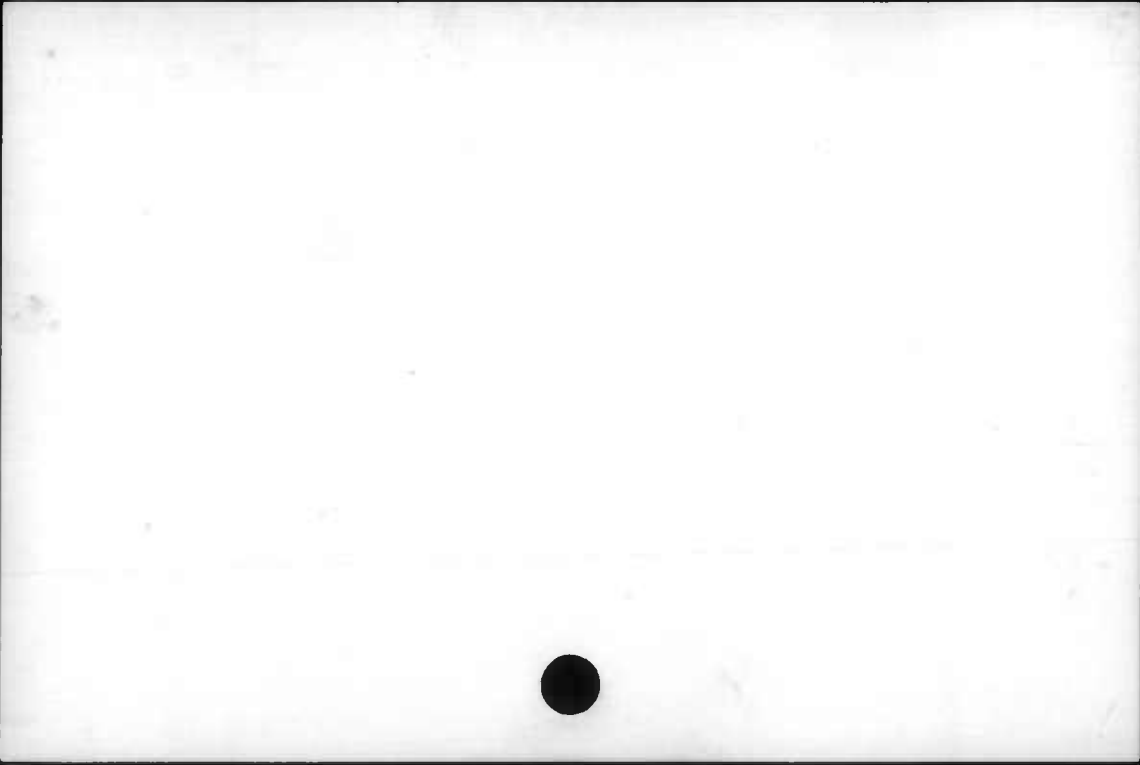
Catharine Irene Burger		Frederick		Frederick		MARYLAND	
Died at		Frederick		Frederick			
Date of death		1909		Age		3	
Sex		Female		Color or Race		White	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Charles Henry Burger		Father's Birthplace		Frederick Md	
Mother's Maiden Name		Bertha May Wilkade		Mother's Birthplace		Frederick Co Md	
Name of person giving Information		Charles Henry Burger		How related to deceased		Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Cholera Infantum		Two days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. M. Fortman	
		Address	
		Frederick Md	
Accident or Suicide			



Name
in
Full

Wm Henry Burger.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

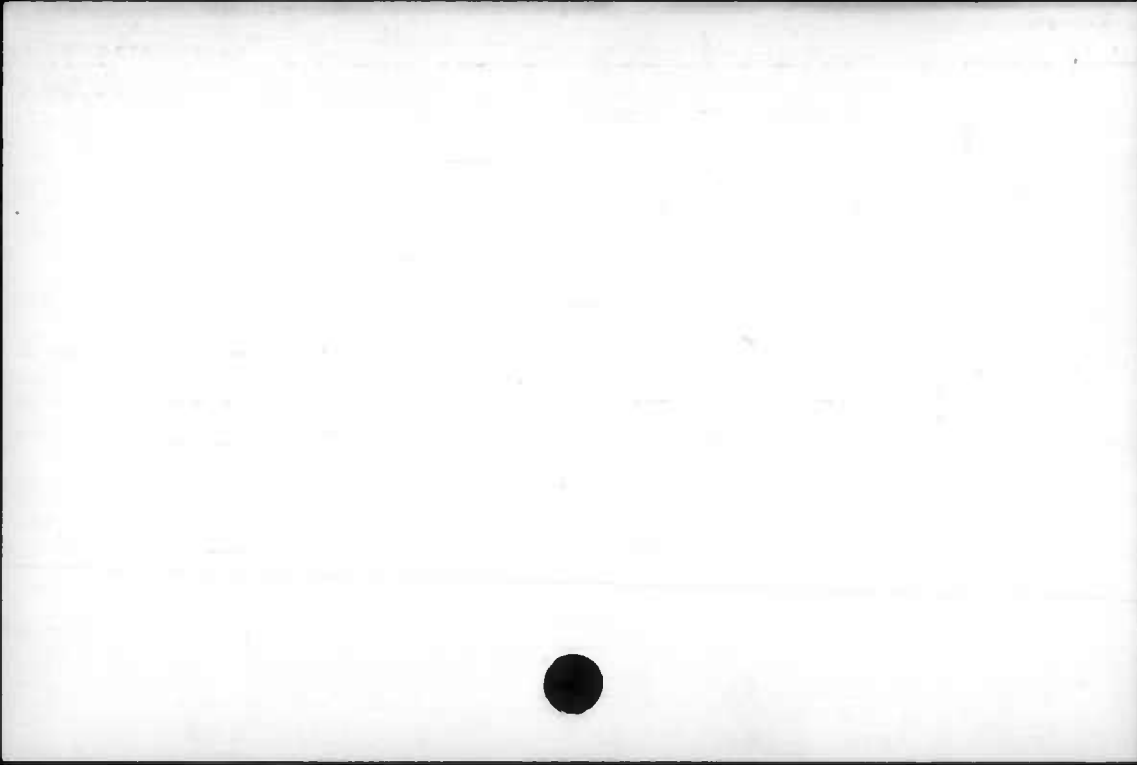
Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i> ^{Month} <i>6</i> ^{Day}		Age <i>80+</i> ^{Years}		<i>6</i> ^{Months} <i>0</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Anna M. Orcher</i>			
Father's Name <i>Wm H. Burger</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Bruce</i>		Mother's Birthplace <i>4</i>			
Name of person giving Information <i>William A. Burger</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

119

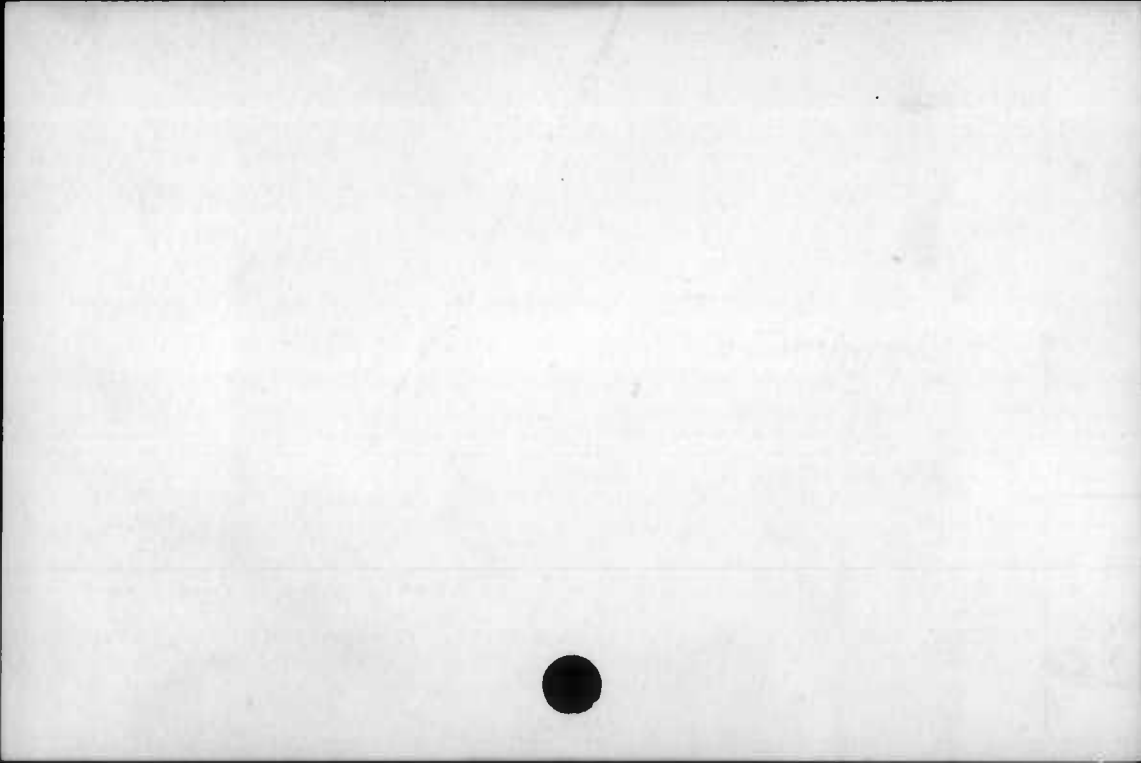
PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>5 years</i>
Immediate	<i>Acute nephritis</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Johnson</i>	
		Address <i>F. Frederick, Ind.</i>	
Accident or Suicide			



Name in Full		Helli Burrier				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		State MARYLAND	
	Date of death	1909	Month	June	Day	5th	Age Years 22 Months Days	
	Sex	Female		Color or Race	White		Birth-place Md	
	Occupation	Home		Where Residing if not at place of death Harkersville				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Alfred Burrier				Father's Birthplace	Md	
	Mother's Maiden Name	Cochran Hoke				Mother's Birthplace	Md	
Name of person giving information	Mrs J W - Oland				How related to deceased	Sister		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	Appendicitis				1 month			
	Immediate				How long			
	Peritonitis				3 weeks			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
				Address				
				T B Johnson				
				Frederick, Md				
Accident or Suicide?								

118



Name
in
Full

Philip J. Camm.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Fredericks Md* County *Fredericks* MARYLAND

Date of death *1909* Month *6* Day *24* Age *1* Years *11* Months *15* Days

Sex *Male* Color or Race *Black* Birth-place *Fredericks*

Occupation _____ Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Glenn Camm* Father's Birthplace *Kent Co. Md*

Mother's Maiden Name *Glennce Walker* Mother's Birthplace *Fredericks*

Name of person giving information *Glenn Camm* How related to deceased *Father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary *Deutition* How long *1 mo*

Immediate *Convulsion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. J. Gooden md*

Address *Fredericks Md*

Accident or Suicide? _____

Interment June 25 - 1909
" at Laboring Sons Cemetery
Thomas P. Rice F. & O.

Dr Goodell

Dr McBurdy

Name
in
Full

Nellie Alma Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	23	0		4	12
Sex		Color or Race		Birth-place			
Female		white		Brunswick			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name				Father's Birthplace			
B. F. Connor				Pena			
Mother's Maiden Name				Mother's Birthplace			
Rose Anna Gibbons				"			
Name of person giving Information				How related to deceased			
B. F. Connor				Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum (Condensed milk feeding)	How long	2 days
Immediate	Equal Inanition	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. W. R. Connor	
		Address	
		Brunswick, Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Millard P. Cook

Died at *Middletown* ^{Town} *Frederick* ^{County} MARYLAND

Date of death 190 *9* ^{Month} *June* ^{Day} *9* Age *32* ^{Years} *7* ^{Months} *1* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Driver* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Annle Cook*

Father's Name *Alexandria A Cook* Father's Birthplace *Md*

Mother's Maiden Name *Charlotte Cobbley* Mother's Birthplace *Md*

Name of person giving Information *Calvin Cobbley* How related to deceased *Uncle*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *8 mo*

Immediate *Asphyxiation* How long *3 mo*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E L Beckley*

Address *Middletown Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Paul Cameron Crothers</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Frederick</i>		Month <i>June</i>		Day <i>9th</i>		Years <i>2</i>	
Date of death <i>1909</i>		Age <i>2</i>		Months <i>4</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband					
Father's Name <i>William J. Crothers</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Lacey Buzen</i>		Mother's Birthplace <i>md.</i>					
Name of person giving Information <i>W. J. Crothers</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

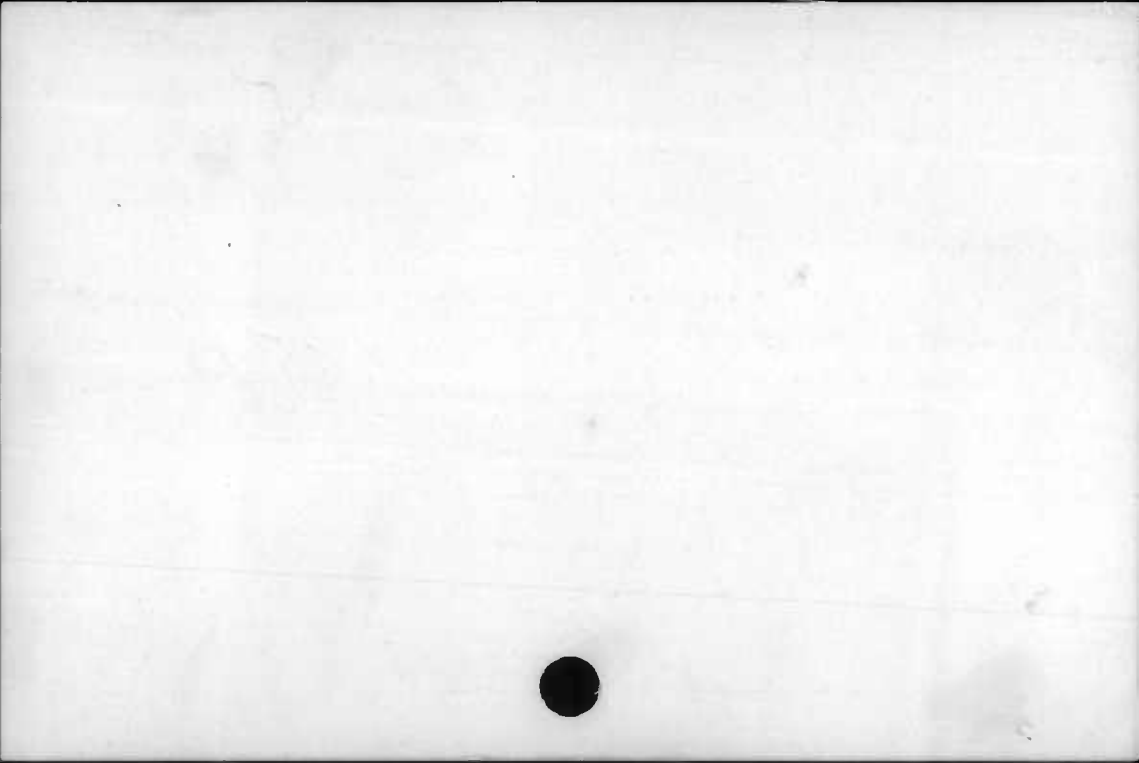
104

PHYSICIAN
OR CORONER

Primary <i>acute indigestion</i>	How long <i>6 days</i>
Immediate <i>chronic</i>	How long <i>24 hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hedges</i>
	Address <i>Frederick</i>
Accident or Suicide <i>no</i>	



Name in Full		Elmer F. Curfman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mt. Pleasant		Frederick		MARYLAND		
	Date of death	1909	June	9th	Age	19	Months 5 Days 9	
	Sex	Male		Color or Race	White		Birth-place	Frederick Co
	Occupation	Farm Laborer			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Wm. H. Curfman				Father's Birthplace	Frederick Co	
	Mother's Maiden Name	Laura T. Keller				Mother's Birthplace	Frederick Co.	
Name of person giving information	Wm. H. Curfman				How related to deceased	Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">47</div>								
PHYSICIAN OR CORONER	Primary	Rheumatism				How long	4 weeks	
	Immediate	Endocarditis				How long	12 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
	Accident or Suicide?				Ofis B. Stone Liberty Town Frederick Co.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Carlton Henry Dean

Diad at *Middletown* ^{Town} *Friederick* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *June* ^{Day} *24* Age *60* ^{Years} *3* ^{Months} *10* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Retired Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Ar Alice Dean*

Father's Name *Hersekiah Dean* Father's Birthplace *Ind*

Mother's Maiden Name *Ann Rebecca Dean* Mother's Birthplace *Ind*

Name of person giving information *Ara Alice Dean* How related to deceased *Wife*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

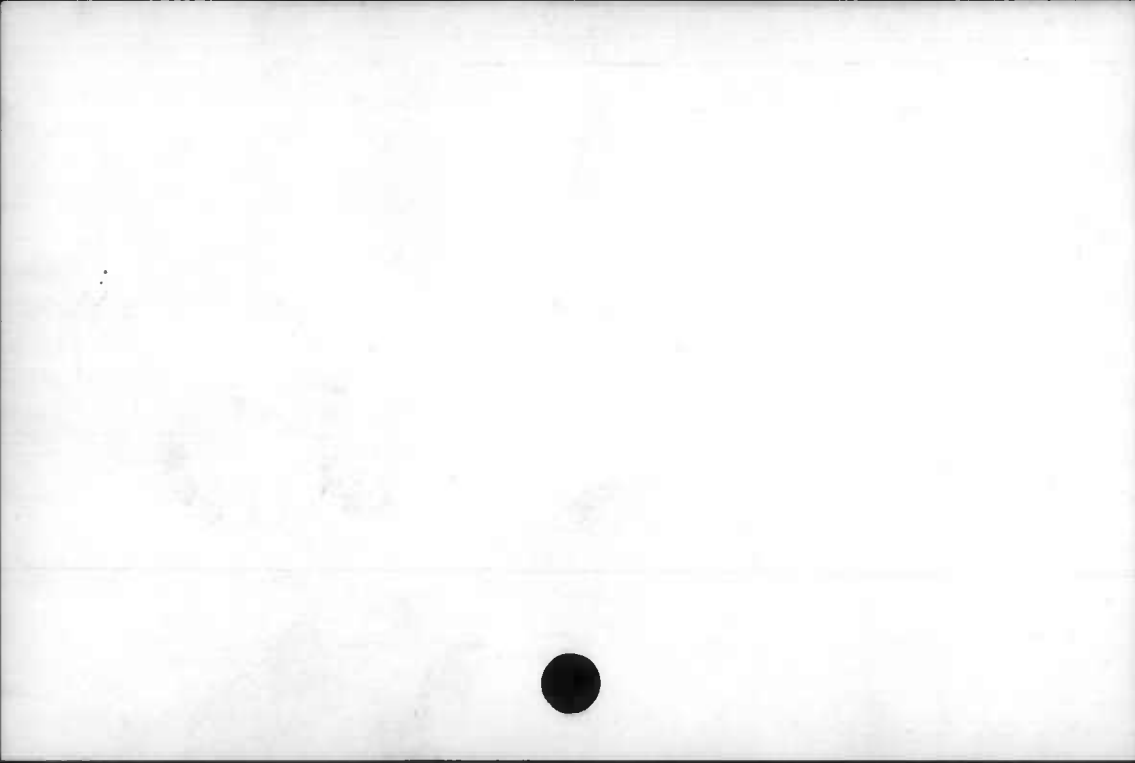
Primary *General Paralysis* How long *One Year*

Immediate *Terminal involunt* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E L Buckley* Address *Middletown Ind*

Accident or Suicida



Name
in
Full

Ruth Ann Dulrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

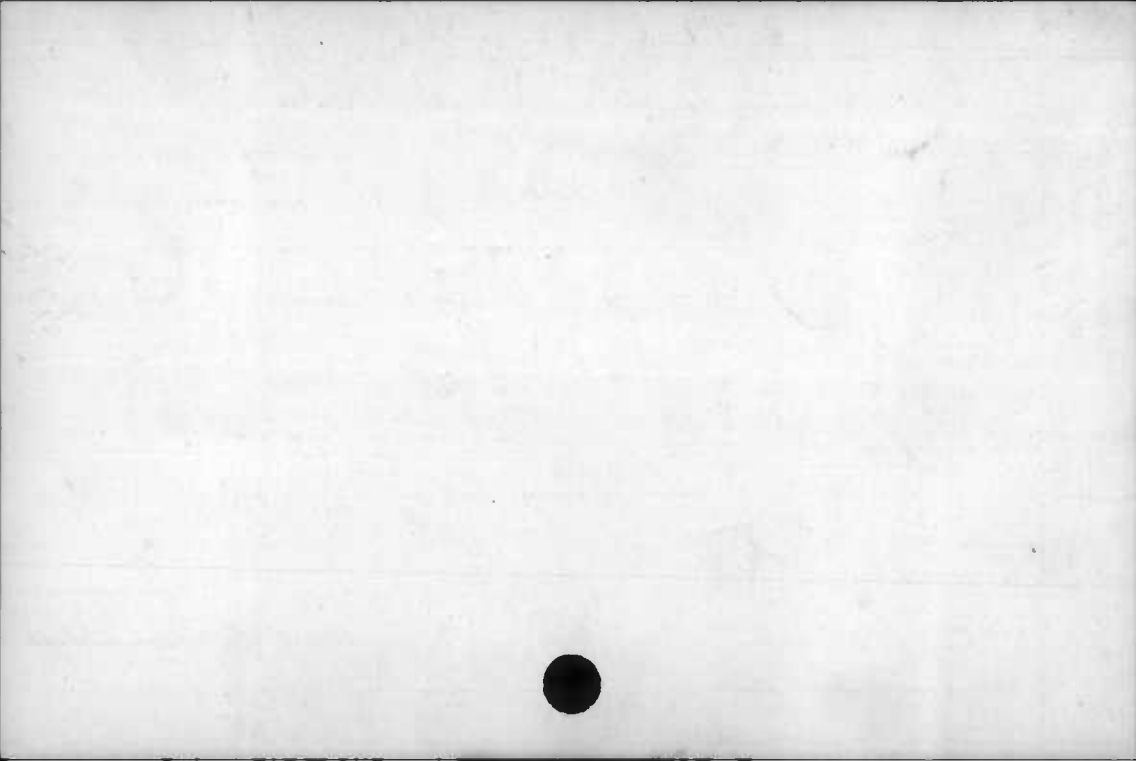
Died at Myersville ^{Town}		Fred ^{County}		MARYLAND	
Date of death 1909	June ^{Month}	20 ^{Day}	61 ^{Years}	9 ^{Months}	 ^{Days}
Sex Female	Color or Race White	Birth-place Fred. Co			
Occupation House Wife	Where Residing if not at place of death " "				
Married, Single or Widowed Married	Name of Wife or Husband Isaac Dulrow				
Father's Name Jonathan S English	Father's Birthplace Fredrick				
Mother's Maiden Name Mary Badherman	Mother's Birthplace Fred Co				
Name of person giving information Isaac Dulrow	How related to deceased Husband				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis	How long Two years
Immediate Sen. Debility	How long One month
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. S. Davis
	Address Brownson Md
Accident or Suicide? 	



Name
in
Full

CERTIFICATE OF DEATH

Marry E Early

Town

County

MARYLAND

Died at *Highland*

Fredricks

Date

of death 1909 June

Day

12

Age

Years

4

Months

3

Days

2

Sex

Female

Color or
Race

White

Birth-
place

*Highland
Highland*

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Early

Father's
Birthplace

Highland

Mother's
Maiden Name

Elia Hornes

Mother's
Birthplace

Wolfsville

Name of person giving
Information

William Early

How related
to deceased

Father

CAUSES OF DEATH

94

Primary

Pneumonia

How long

48 hours

Immediate

Pneumonia

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. W. Davison

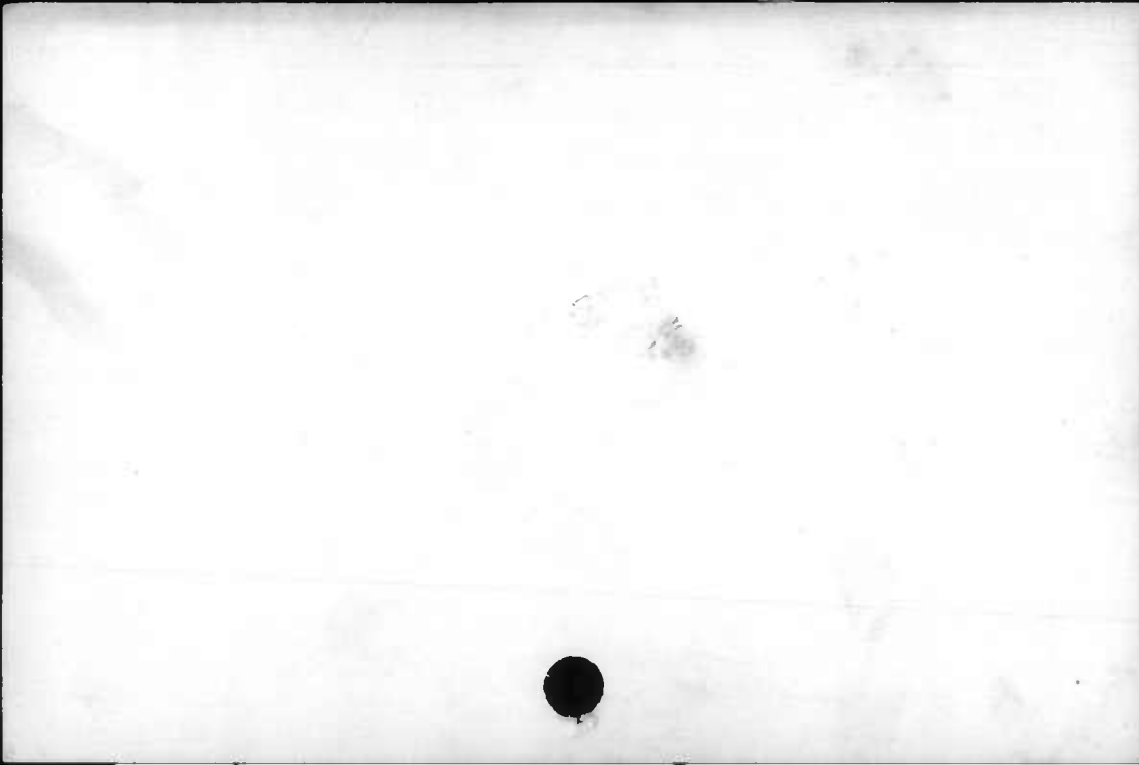
Address

*Wolfsville
Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Fisher Annie E.
Frederick (Antietam) Frederick CountyDate
of death

1909 6 6 Age 74 Months 3 Days 13

Sex

Female

Color or
Race

White

Birth-
place

Frederick

Occupation

Housewife

Where Residing if Not
at place of death

Frederick Co. Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mr F. Fisher

Father's
Name

Jm Parkinson

Father's
Birthplace

Dont know

Mother's
Maiden Name

- Ann

Mother's
Birthplace

Dont know

Name of person giving
Information

Charles Fisher

How related
to deceased

Son

CAUSES OF DEATH

67

Primary

Paralysis (General)

How long

3 years

Immediate

Asthma

How long

4 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

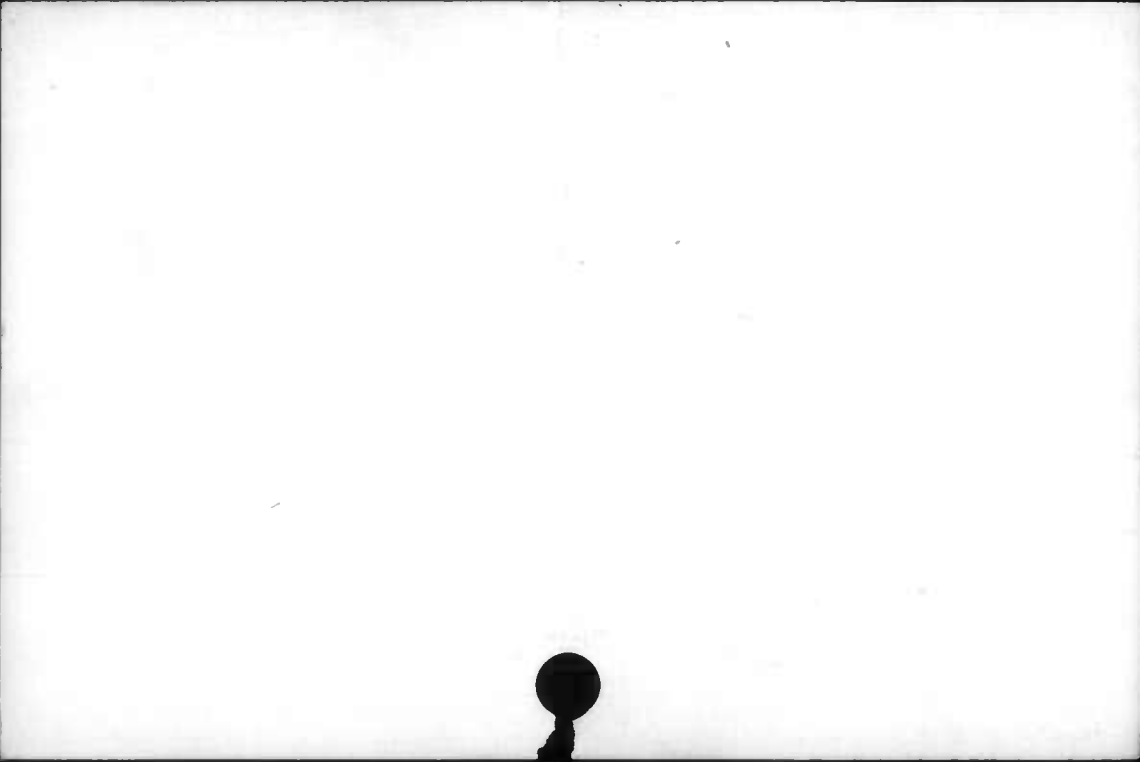
H. J. Laksney M.D.

Address

Frederick Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Died at

Date _____

of death 1904

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or Race

Where Residing if not
at place of death

Birth-
place

Married, Single
or Widowed

Name of ~~Wife or~~
Husband *Mr*

Father's
Name

Mother's
Maiden Name

Name of person giving information

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

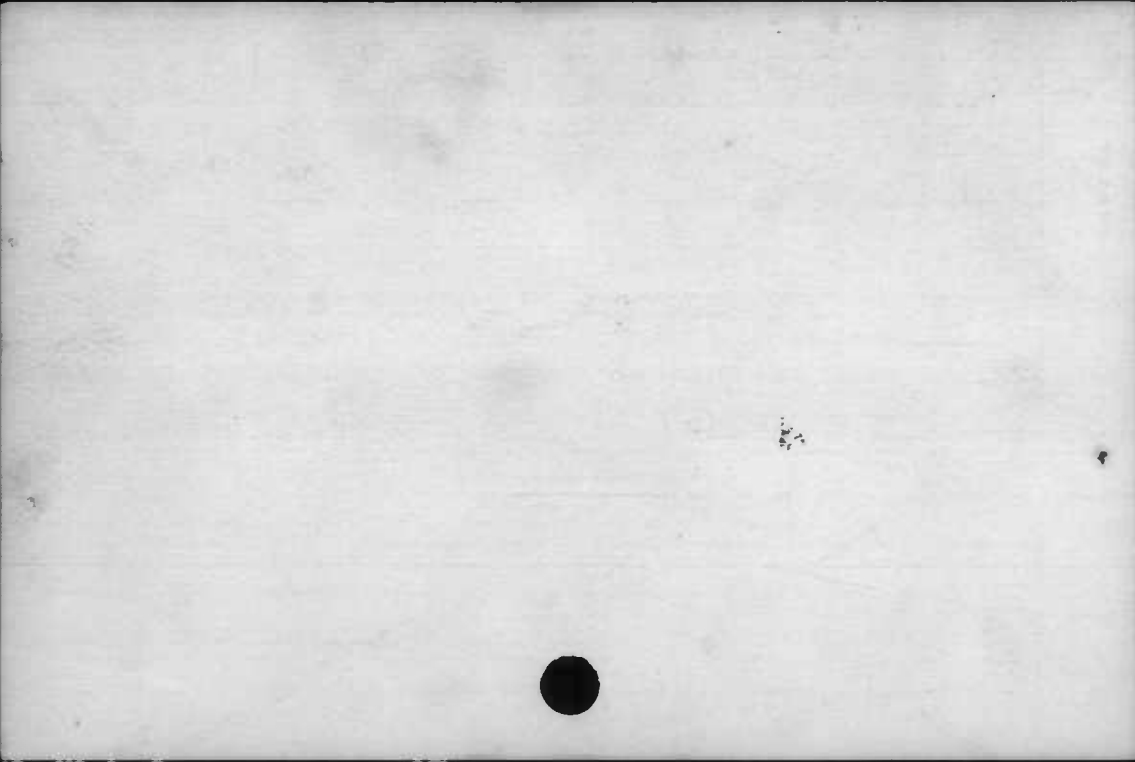
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

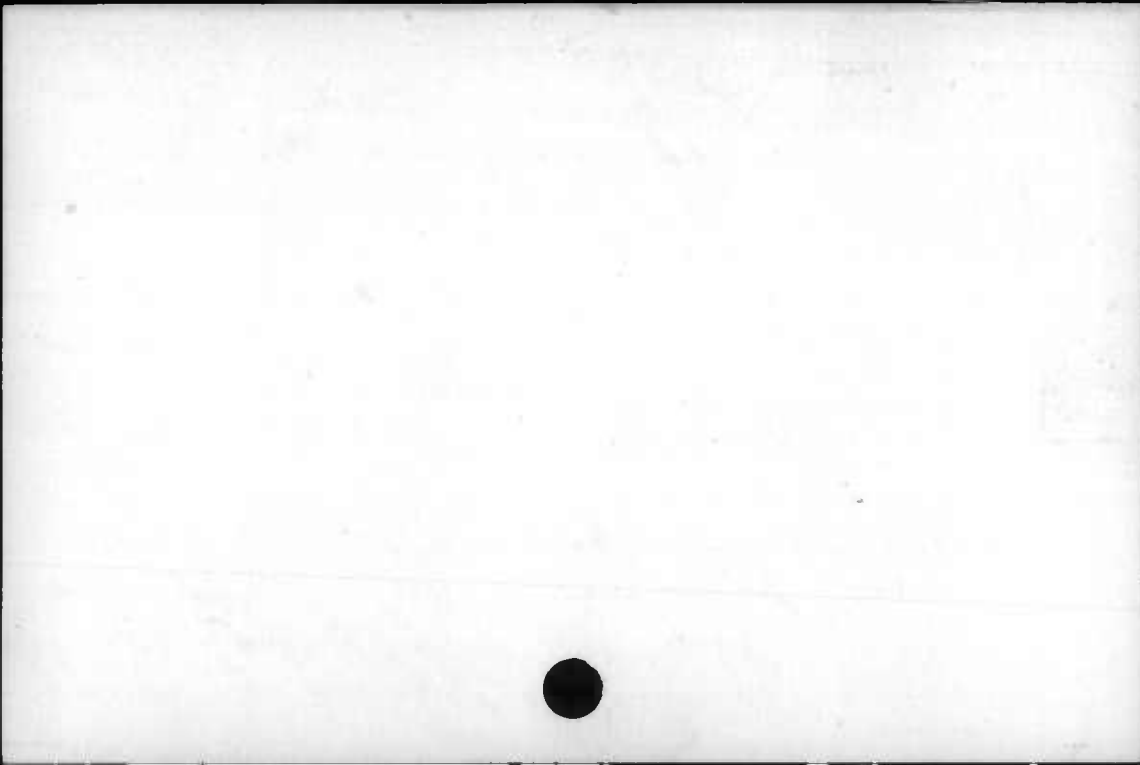
Died at <i>1100000000</i> Town <i>Frederick</i> County <i>Frederick</i>		MARYLAND				
Date of death <i>1909</i>	Month <i>June</i>	Day <i>15</i>	Age <i>74</i>	Years	Months <i>9</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Landowne Md</i>			
Occupation <i>Labour</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Phoebe Ann Still</i>				
Father's Name <i>Robert Gray</i>			Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Eve Foster</i>			Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Robert Gray</i>			How related to deceased <i>Brother</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Les Heart</i>	How long <i>Long</i>
Immediate <i>Blunt Trauma</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Address]</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph A. Germand
Town *Graceland* County *Frederick* MARYLAND

Died at *Graceland* *Frederick*

Date of death 190 *9* Month *June* Day *11th* Age *84* Years Months *6* Days *14*

Sex *Male* Color or Race *White* Birthplace *Frederick Co. Md.*

Occupation *Retail Merchant* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Harriet Crouse (Deceased)*

Father's Name *Wm. Germand* Father's Birthplace *Frederick Co. Md.*

Mother's Maiden Name *Elizabeth Johnson* Mother's Birthplace *" " "*

Name of person giving Information *Jos. E. Germand* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Intermittent Septicemia Organic Heart* How long *5 years*

Immediate *Hemiplegia* How long *20 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. C. Hufbauer*

Address *Thurmont, Md.*

Accident or Suicide *—*



4

Name
in
Full

William Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Buckeys Corn</u>		County <u>Frederick</u>		MARYLAND	
Date of death	1909	Month	June	Day	2
Age	21	Years	6	Months	26
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Labrer	Where Residing if not at place of death	Same		
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	James Gross	Father's Birthplace	Ind		
Mother's Melden Name	Mary Briggs	Mother's Birthplace	Ind		
Name of person giving Information	Florence Johnson	How related to deceased	None		

While undraining a clay bank
a cancer occurred throwing him down

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Fracture of 11th & 12th Vertebrae	How long	Instant
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. Clyde Routson
		Address	Buckeys Corn
Accident or Suicide	Accident		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John T Green</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Disd st <i>15 S Market St</i>		Month <i>June</i>		Day <i>17</i>		Years <i>84</i>	
Date of death <i>1909 June 17</i>		Age <i>84</i>		Months <i>3</i>		Days <i>17</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Moulgins Co</i>			
Occupation <i>Shoemaker</i>		Where Residing if not at place of death <i>Frederick Md</i>					
Married Single or Widowed		Name of Wifs or Husband <i>Hennetta Middle</i>					
Father's Name <i>Benedict Green</i>		Father's Birthplace <i>Moulgins Co</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Charles Green</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of stomach</i>	How long <i>1 year</i>
Immediats	<i>Inanition</i>	How long <i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm M. Smith</i>
		Address <i>Frederick, Md.</i>
Accident or Suicide		



Name
in
Full

Charles Henry Griffith

CERTIFICATE OF DEATH

Died at *Liberty Towne* ^{Town} *Frederick* ^{County}

MARYLAND

Date of death *1909* ^{Month} *June* ^{Day} *13* ^{Years} *05* ^{Months} *05* ^{Days} *3*Sex *Male* Color or Race *Colored* Birth-place *Frederick Co*Occupation *Cheese* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Harry Griffith* Father's Birthplace *Frederick Co*Mother's Maiden Name *Irma Griffith* Mother's Birthplace *Frederick Co*Name of person giving information *Harry Griffith* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pertussis* How long *3 weeks*Immediate *Convulsions* How long *44 hrs*Are the name, age, sex, color, date and place correctly given above? *yes*

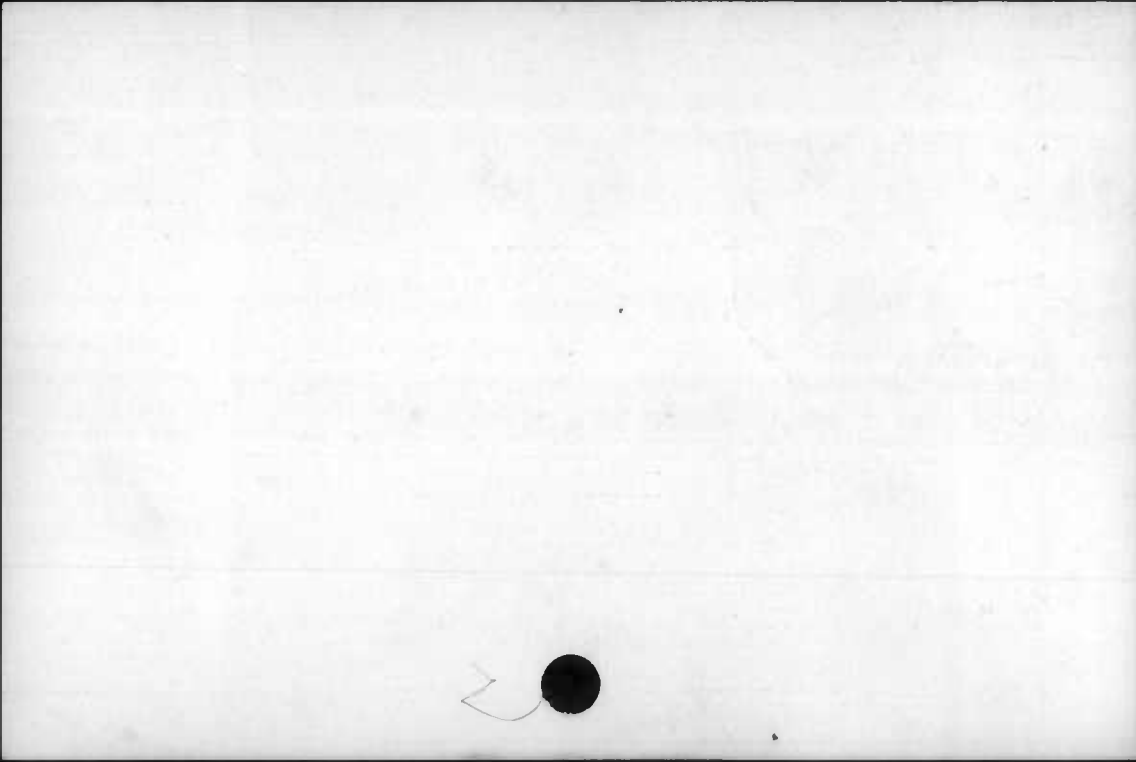
Signature of Physician

Address

Dr. B. Howell
Liberty Towne
Frederick Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Barrie L. Hall

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mounton		^{County} Frederick Co		MARYLAND	
Date of death	1909	Month	June	Day	1st
Age		26		Months	
Sex	Female	Color or Race	Colored	Birth-place	Md.
Occupation	Domestic		Where Residing if not at place of death		
		Leivestown Md			
Married, Single or Widowed	Single		Name of Wife or Husband	X	
Father's Name	Charles Hall			Father's Birthplace	Md
Mother's Maiden Name	Annie Molen			Mother's Birthplace	Md
Name of person giving information	William Hall			How related to deceased	Brother

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary	Eclipsic Gestation	How long	263 months
Immediate	Rupture-hemorrhage & shock	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		M. G. Dourne Md.	
Address		Frederick Md	
Accident or Suicide? 			



Name
in
Full

Mrs Margaret Haller

CERTIFICATE OF DEATH

Died at *Fredonk* ^{Town} *Fredk* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *6* ^{Day} *16* Age *55* ^{Years} ^{Months} ^{Days}

Sex *Female* Color or Race *Wh.* Birth-place *Md*

Occupation *H.W.* Where Residing if not at place of death *X*

Married, Single or ~~Widowed~~ ^{Name of} ~~Wife~~ *Arthur Haller* ^{Husband}

Father's Name *George H. Lease* Father's Birthplace *Md*

Mother's Maiden Name *Leathum A. Haller* Mother's Birthplace *Md*

Name of person giving Information *Edw. C. Lease* How related to deceased *brother*

CAUSES OF DEATH

108

Primary *Strangulated Hernia R. Ing.* ^{How long} *9 mo*

Immediate *Impacted Bowels. Exhaustion* ^{How long} *3 days*

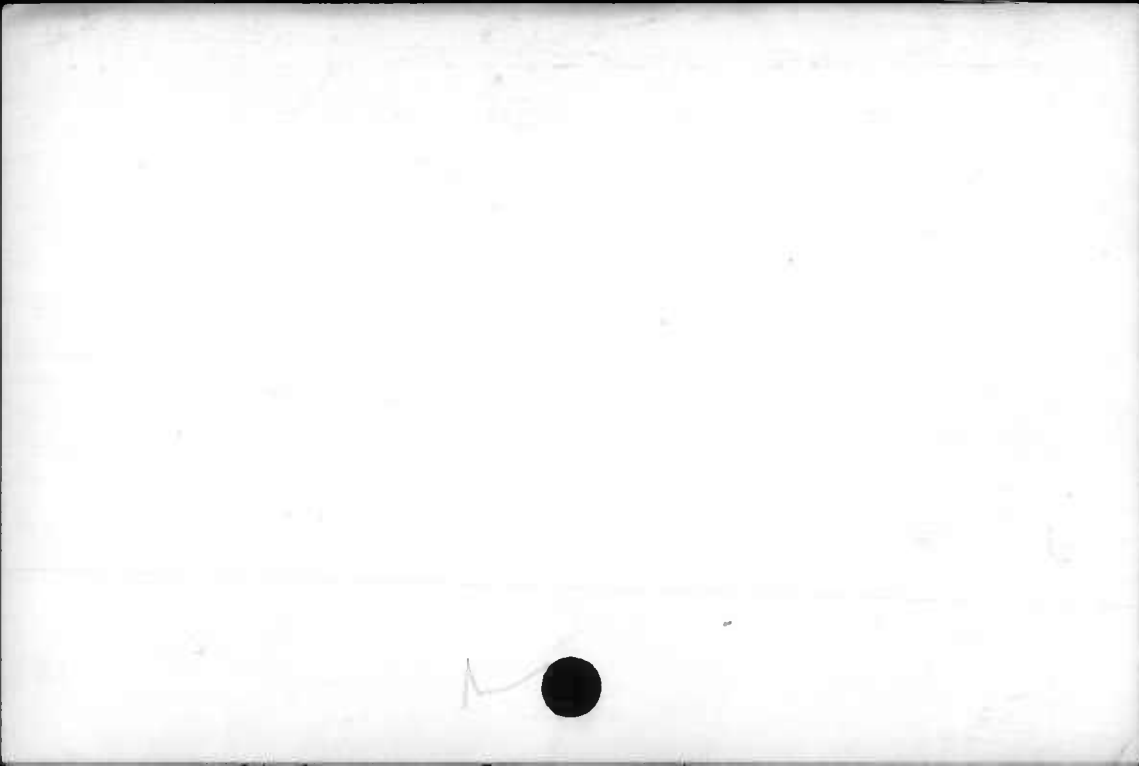
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Mrs. J. Goodell. Md*

Address *Fredonk. Md.*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Ann Matilda Hammond</i>										CERTIFICATE OF DEATH	
Died at <i>Liberty Town</i> ^{Town}					<i>Frederick</i> ^{County}					MARYLAND	
Date of death <i>1909</i>		<i>June</i> ^{Month}		<i>17</i> ^{Day}		<i>82</i> ^{Years}		<i>8</i> ^{Months}		<i>9</i> ^{Days}	
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Frederick Co</i>					
Occupation <i>Retired</i>						Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>Darson T Hammond</i>								
Father's Name <i>Walter C Hammond</i>						Father's Birthplace <i>Frederick</i>					
Mother's Maiden Name <i>Mary Worthington</i>						Mother's Birthplace <i>Frederick Co</i>					
Name of person giving information <i>Darson Hammond</i>						How related to deceased <i>Son</i>					

CAUSES OF DEATH

123

Primary <i>Chronic Cystitis</i>		How long <i>4 yrs</i>	
Immediate <i>Septic Infection</i>		How long <i>8 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm B. Stone</i>	
		Address <i>Liberty Town</i>	
		<i>Frederick Co.</i>	
Accident or Suicide?			



Handwritten signature or initials.

Handwritten number 2.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

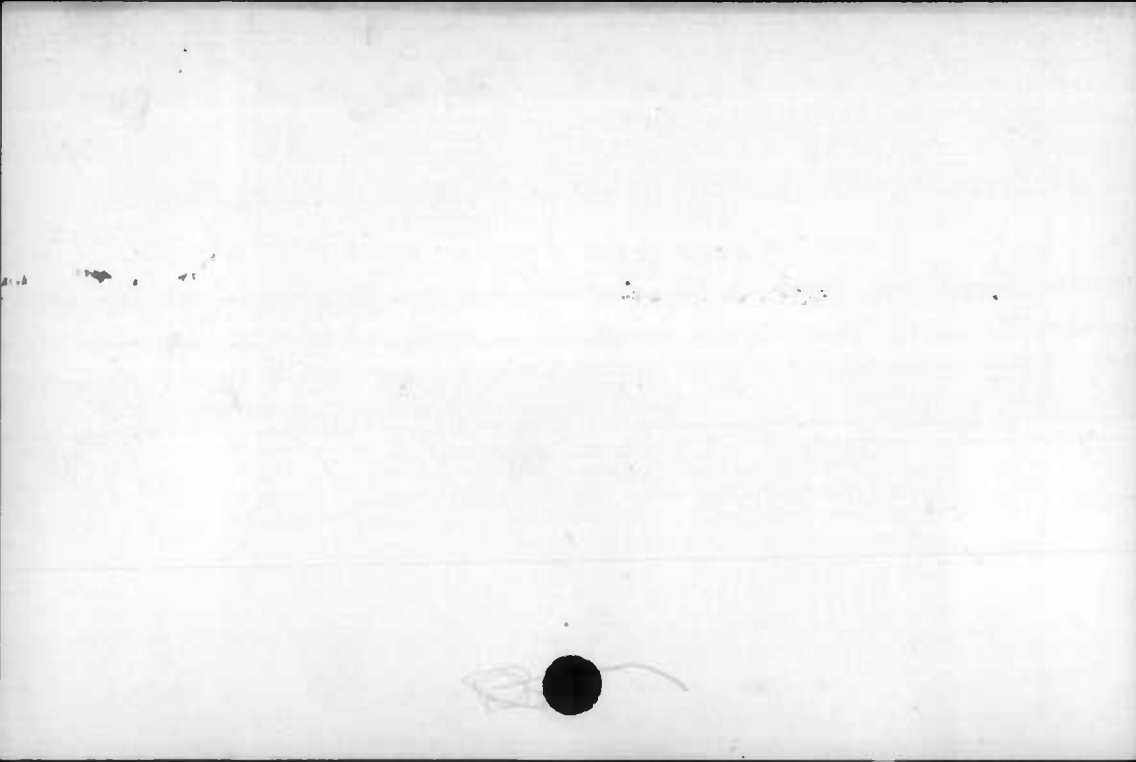
Name in Full <i>Alice Virginia Hess</i>		Town <i>near Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>near Emmitsburg</i>		Month <i>9</i>		Day <i>15</i>		Years <i>1</i>	
Date of death <i>1909</i>		Age <i>8</i>		Months <i>8</i>		Days <i>25</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Same as above</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Walter Hess</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary E. Bentzel</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Walter Hess</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>7 days</i>
Immediate <i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr D E Stone</i>
	Address <i>Emmitsburg Md</i>
Accident or Suicide?	



Name in Full		Henrietta Hill				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		Frederick				
		Date of death		Month	Day	Years	Months	Days
		1909		6	12	35	10	14
		Age						
Sex		Female		Color or Race		Mulatto		
Occupation		Maid		Where Residing if not at place of death		Same		
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		David Hill		Father's Birthplace		Maryland		
Mother's Maiden Name		Margaret Sanders		Mother's Birthplace		Georgie		
Name of person giving information		Margaret Hill		How related to deceased		Mother		
		CAUSES OF DEATH		(80)				
PHYSICIAN OR CORONER		Primary		Angina pectoris		How long		
		Immediate		Asthma		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Three yrs.		
		Signature of Physician		B. O. Thomas		Two days		
		Address		Frederick Md.				
Accident or Suicide?								

Interment June 14 - 09
" at Greenwood Cemetery

Thomas P. Rice F.D.

Dr B. O. Thomas

Dr M^cGurdy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

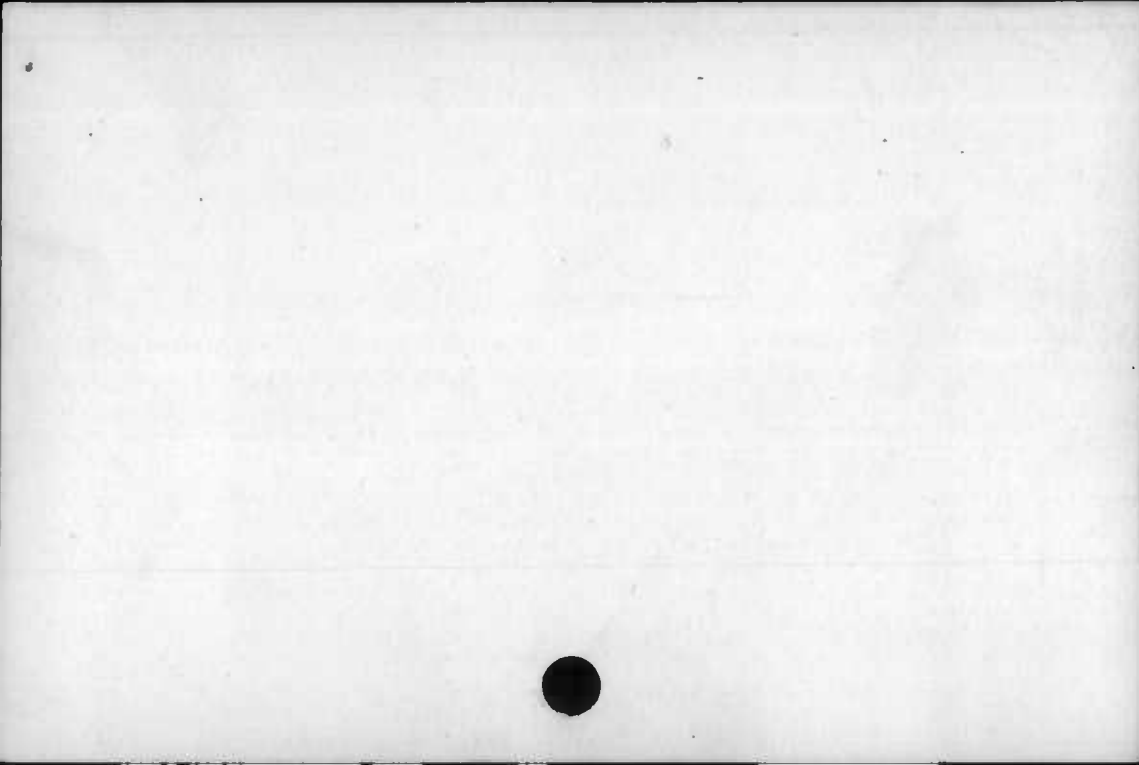
Name in Full *Holter, David H*
 Died at *Frederick* Town *Frederick* County *Frederick*
 Date of death *1909* Month *10* Day *4* Age *73* Years Months Days *9*
 Sex *Male* Color or Race *White* Birth-place *Foggyville*
 Occupation *Farmer* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Margaret E. Holter*
 Father's Name *William Holter* Father's Birthplace *Not known*
 Mother's Maiden Name *Magdeline Beard* Mother's Birthplace *Not known*
 Name of person giving information How related to deceased

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cardiac Asthma* How long *6 mos*
 Immediate *Apoplexy* How long *10 mins*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *H P Farmer*
 Address *Frederick Md*
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

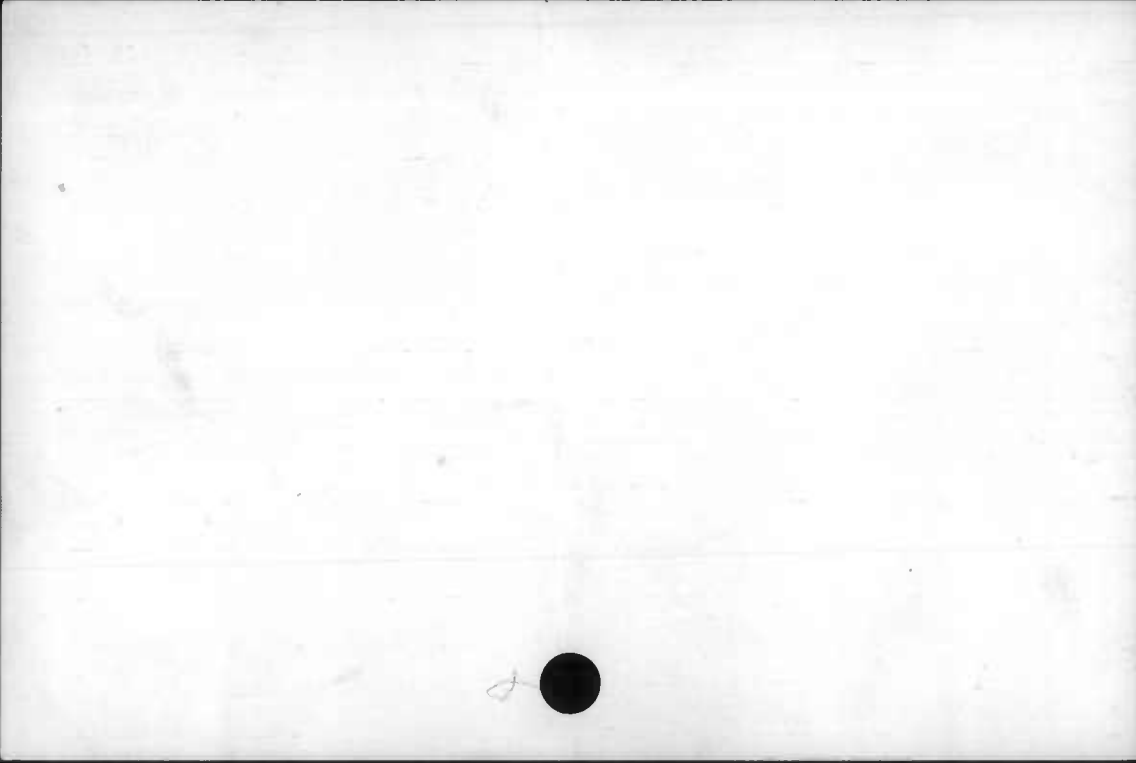
Died at <i>Montrose Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1909 June 14</i>		Month <i>June</i>		Day <i>14</i>		Years <i>80</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>-- Unknown</i>		Months <i>--</i>	
Occupation <i>unknown</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>-- Unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. P. Fahner</i>	
		Address <i>Frederick Md.</i>	
Accident or Suicide			



Name
in
Full

Bathorn A. C. Hopwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	19	72	8	15	
Sex	Female	Color or Race	White		Birth-place	Frederick Md.	
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Francis T. Hopwood				Father's Birthplace			
Father's Name				Frederick Md			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth Lablau				" " "			
Name of person giving Information				How related to deceased			
Mrs Henry Fox				Daughter			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart (Mitral)		How long	5 yrs or more
Immediate	Paralysis of Heart		How long	Within Death.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. S. N. Hayward.	
Yes		Address	17 Decatur St W Frederick Md	
Accident or Suicide				

Interment June 21-1909
" at Mt. Olivet Cemetery

Thomas P. Rice Jr. & Co.

Dr. Maynard

Dr. McCurdy

Name
in
Full

George Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hamsville* *Frederick* County
Date of death *1909* Month *6* Day *27* Age *28* Years Months *6* Days *21*

Sex *Male* Color or Race *Negro* Birth-place *Frederick Co.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband *Ellen A. M. Jones*

Father's Name *Unknown* Father's Birthplace *+*

Mother's Name *Unknown* Mother's Birthplace *+*

Living *William Jones* How related to deceased *Born*

CAUSES OF DEATH

Tuberculosis How long *6 months*

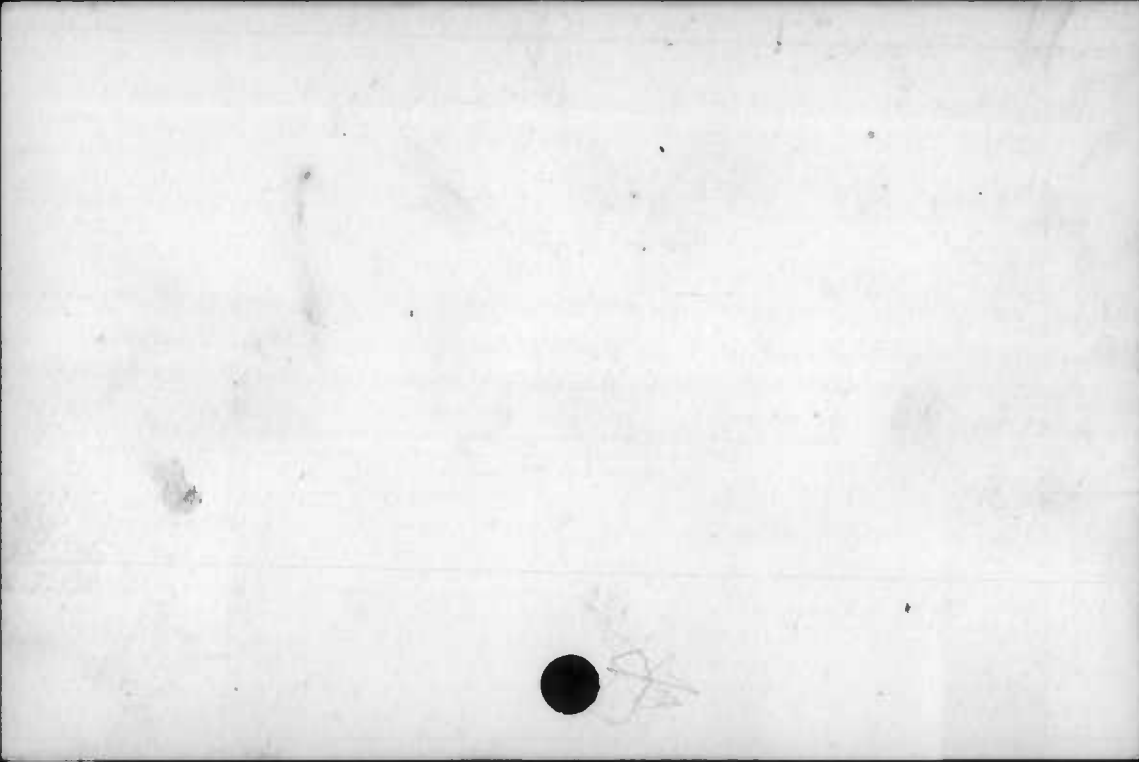
Hemorrhage How long *2 weeks*

Immediate *Yes* Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. J. Thomas*

Address *Adams town*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Susan R Leatherman

Town

County

Died at

Myersville

Fred Co

MARYLAND

Date

of death

1908

Month

June

Day

10

Years

Age 57

Months

5

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Elerton

Occupation

House Wife (Farmer's Wife)

Where Residing if not
at place of death

Myersville

Married, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband

John C. Leatherman

Father's
Name

Elis Grassmuckel

Father's
Birthplace

Elerton

Mother's
Maiden Name

Nellie Statnyre

Mother's
Birthplace

Elerton

Name of person giving
In formation

Husbor John C. Leatherman.

How related
to deceased

Husbor

CAUSES OF DEATH

40

Primary

Carcinoma (Pyloric)

How long

years

Immediate

Peritonitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

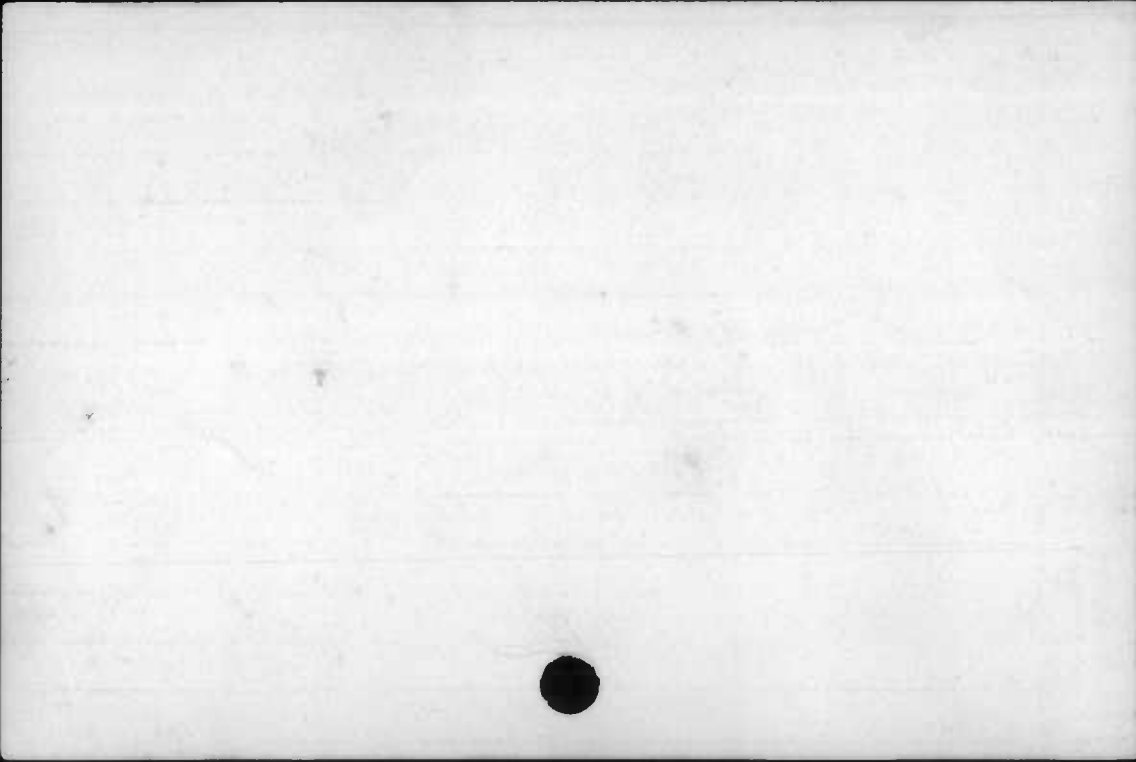
B. H. Hoke M.D.

Address

Myersville

Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

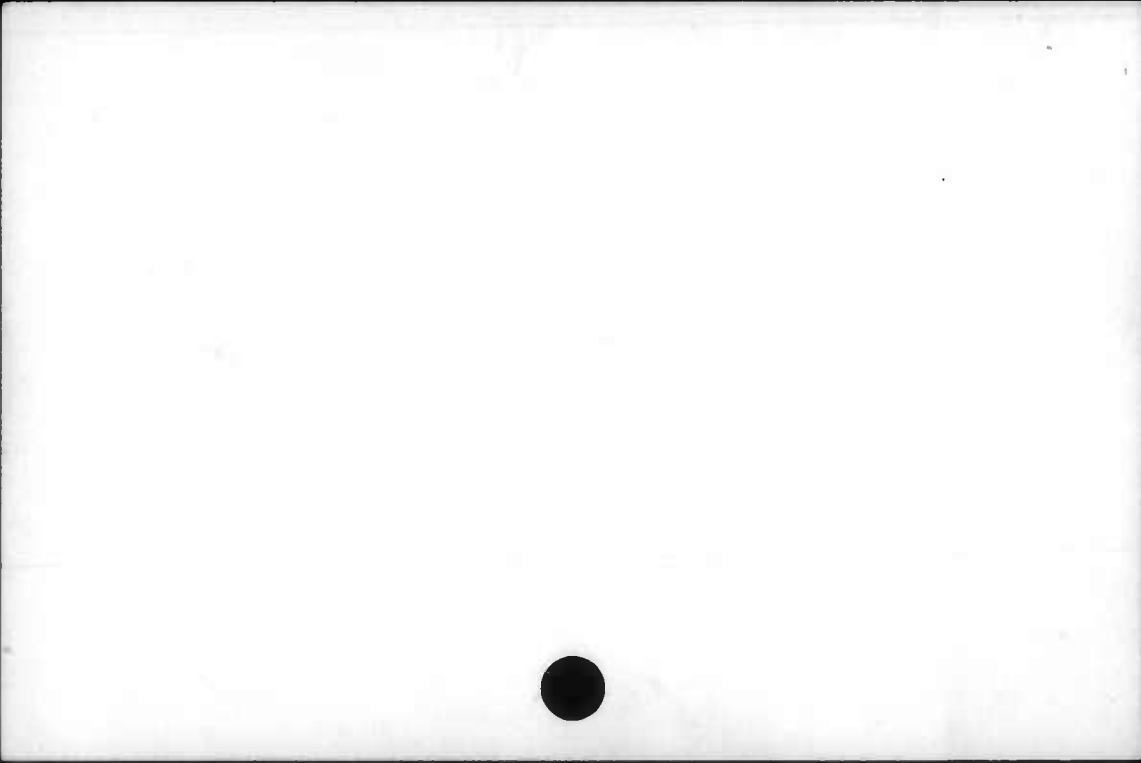
Name <i>Samuel H. McHair</i>		Town <i>Emmitsburg</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Emmitsburg</i>		Month <i>June</i>		Day <i>5</i>		Years <i>68</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>5</i>		Years <i>68</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Near Emmitsburg</i>		Months <i>9</i>	
Occupation <i>none</i>		Where Residing if not at place of death		Days <i>1</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Antoinette McHenry</i>		Father's Birthplace <i>Near Emmitsburg</i>		Mother's Birthplace <i>Pryorville</i>	
Father's Name <i>Samuel S. McHair</i>		Mother's Maiden Name <i>S. G. Bigler</i>		How related to deceased <i>Daughter</i>			
Name of person giving Information <i>Pauline McHair Annan</i>							

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Hypertrophic Cirrhosis of Liver</i>	How long	<i>1 year</i>
Immediate	<i>Pneumonia (Lobar)</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. W. S. Jones</i>
		Address	<i>Emmitsburg Md</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nettie Elizabeth Martin</i>		Town <i>Mt. Pleasant</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Mt. Pleasant</i>		Month <i>June</i>		Day <i>15</i>		Years <i>11</i>	
Date of death <i>1909 June 15</i>		Age <i>11</i>		Months <i>10</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Mt. Pleasant</i>			
Occupation		Where Residing if not at place of death					
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm. Henry Martin</i>		Father's Birthplace <i>Frederick Co.</i>					
Mother's Maiden Name <i>Beatrice Hicks</i>		Mother's Birthplace <i>Baltimore City</i>					
Name of person giving Information <i>Beatrice Martin</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>6 weeks</i>
Immediate <i>Cardiac insufficiency</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Willard M.D.</i>
<i>Yes</i>	Address <i>Mt. Pleasant Frederick Co. Md.</i>
Accident or Suicidal	

Interment June 16 - 09

" at Silver Hill Cemetery
Near Mt Pleasant.

Thomas P. Rice F. D.

Dr Goodell

Name
in
Full

Garrie M. Medairy

16,
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

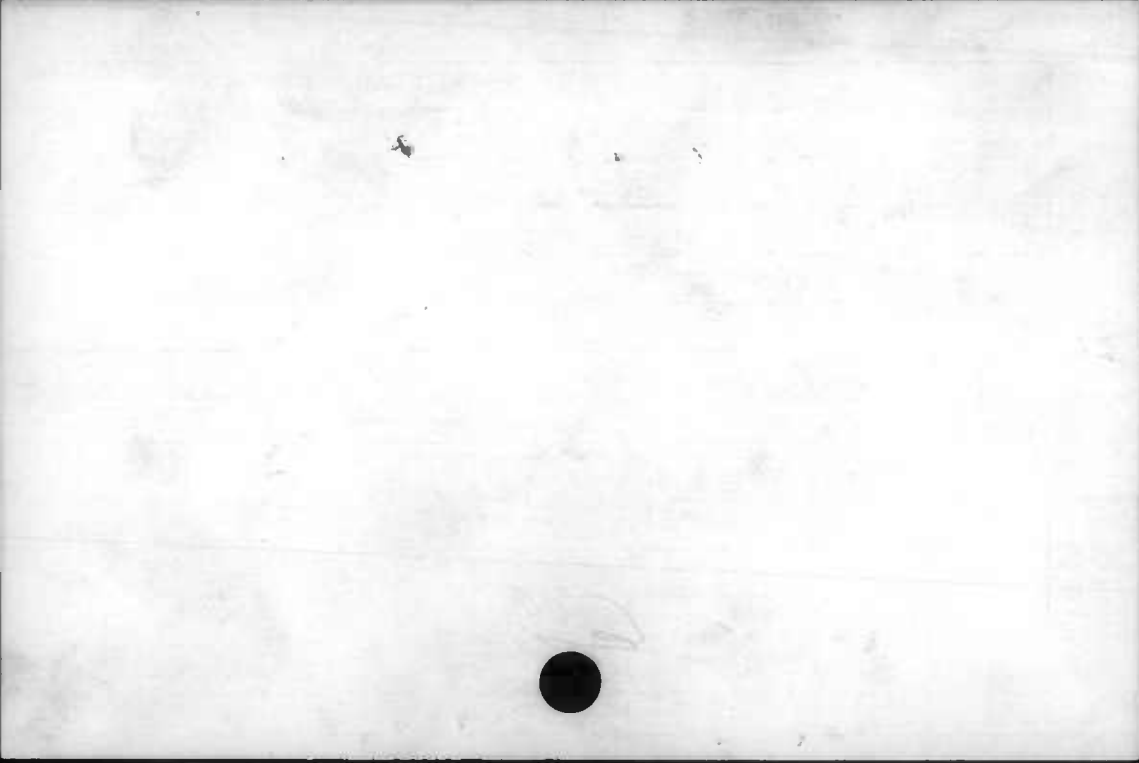
Died at ^{Town} Near New Market		^{County} Frederick		MARYLAND	
Date of death	1909	Month	6	Day	23
Age	21	Years	4	Months	15
Sex	Female	Color or Race	White	Birth-place	Frederick Co.
Occupation	H.W.		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband Edward J. Medairy			
Father's Name	James Perrell	Father's Birthplace Frederick Co.			
Mother's Maiden Name	Annie & Nichols	Mother's Birthplace Virginia			
Name of person giving Information	Annie & Nichols		How related to deceased Mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	18 mos
Immediate				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Hopkins	
		Address	New Market Md.	
Accident or Suicide	no			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

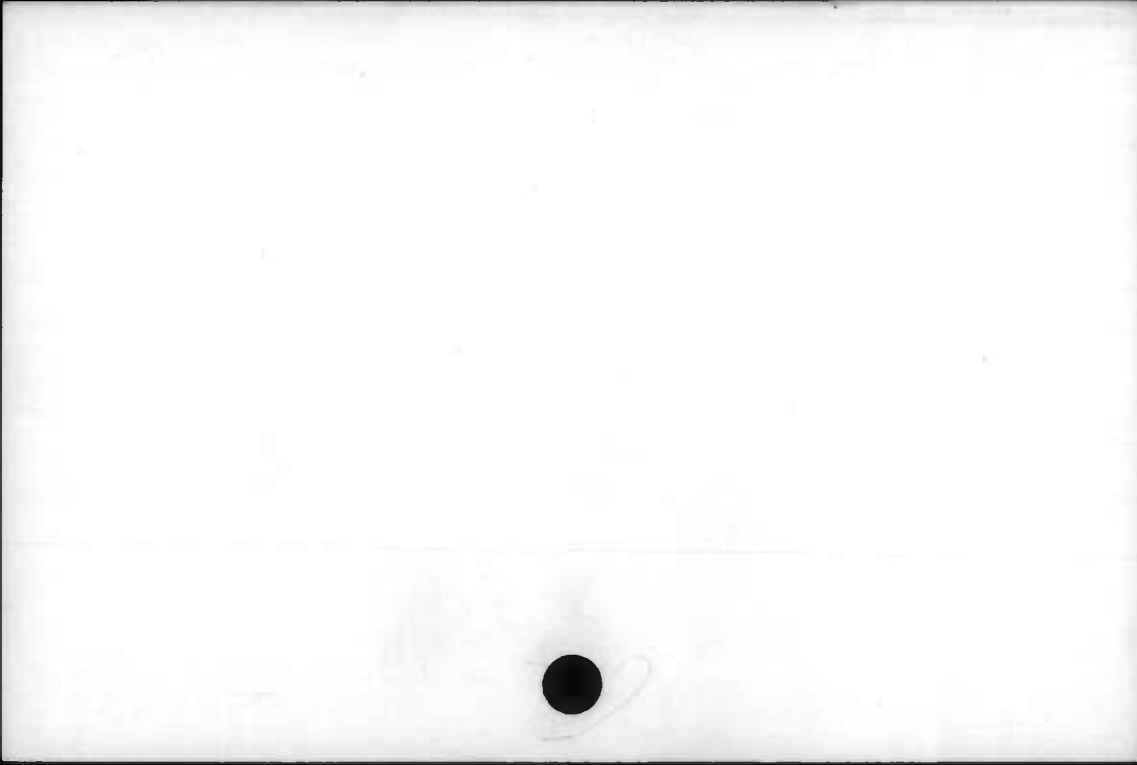
Ann Louisa Moentzgo

CERTIFICATE OF DEATH

Died at <u>Emmitsburg</u> ^{Town}		<u>Fredrich</u> ^{County}		MARYLAND	
Date of death	1909	Month	June	Day	29
Age	69	Years		Months	1
Sex	Female	Color or Race	White	Birth-place	Emmitsburg Md
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Simon Moentzgo			Father's Birthplace	New Holland Lancaster Co. Pa.
Mother's Maiden Name	Elizabeth Harner			Mother's Birthplace	Emmitsburg Md
Name of person giving Information	John H Moentzgo			How related to deceased	Brother

CAUSES OF DEATH

Primary	Don't Know	How long	Three years
Immediate	Severe Gangrene of foot	How long	Four weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. Schellenger M.D.	
Address		Emmitsburg Md	
Accident or Suicide			



Name
in
Full

Michael Muntzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 13 Brunswick Town Federick County MARYLAND

Date of death 190 9 Month June Day 22 Age — Years Months 5 Days

Sex Male Color or Race White Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Peter J. Muntzer Father's Birthplace md

Mother's Maiden Name Hellen Borger Mother's Birthplace md

Name of person giving Information Peter Muntzer How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Grav Interitis How long 2 days

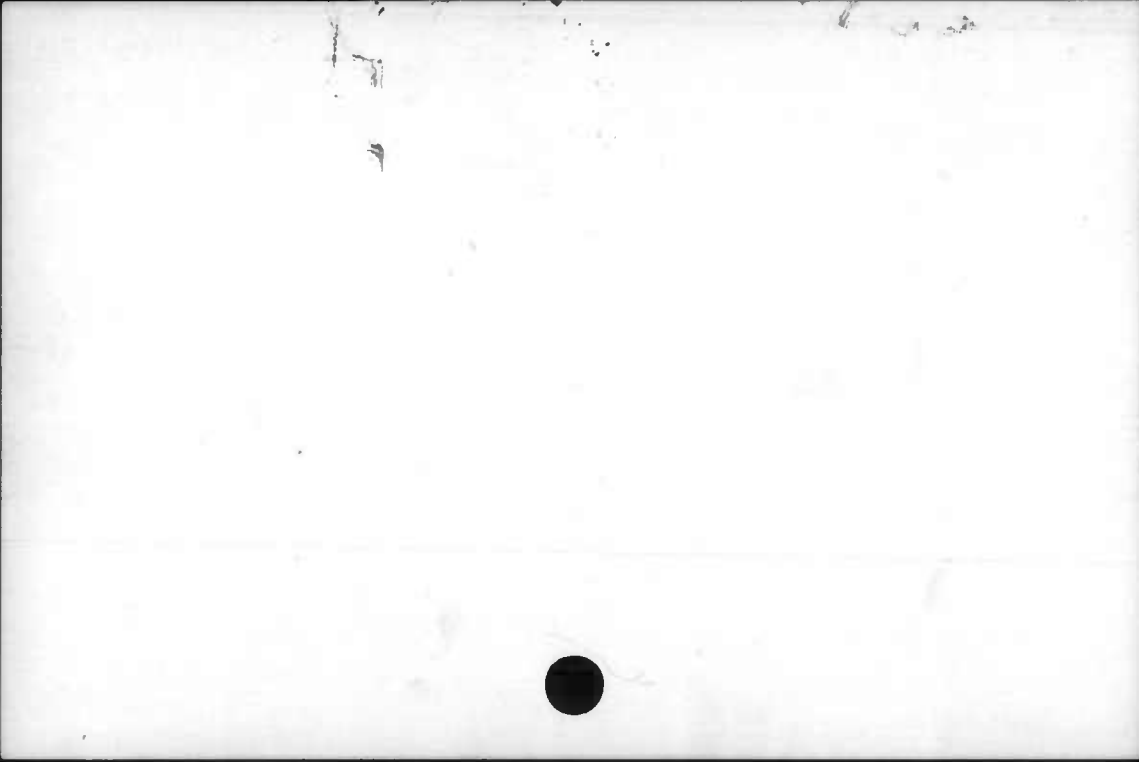
Immediate Eclampsia How long 1/2 hour

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Levin West

Address Brunswick-Federick-co

Accident or Suicide ☐



Name
in
Full

Eliza Nelson

No 14

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

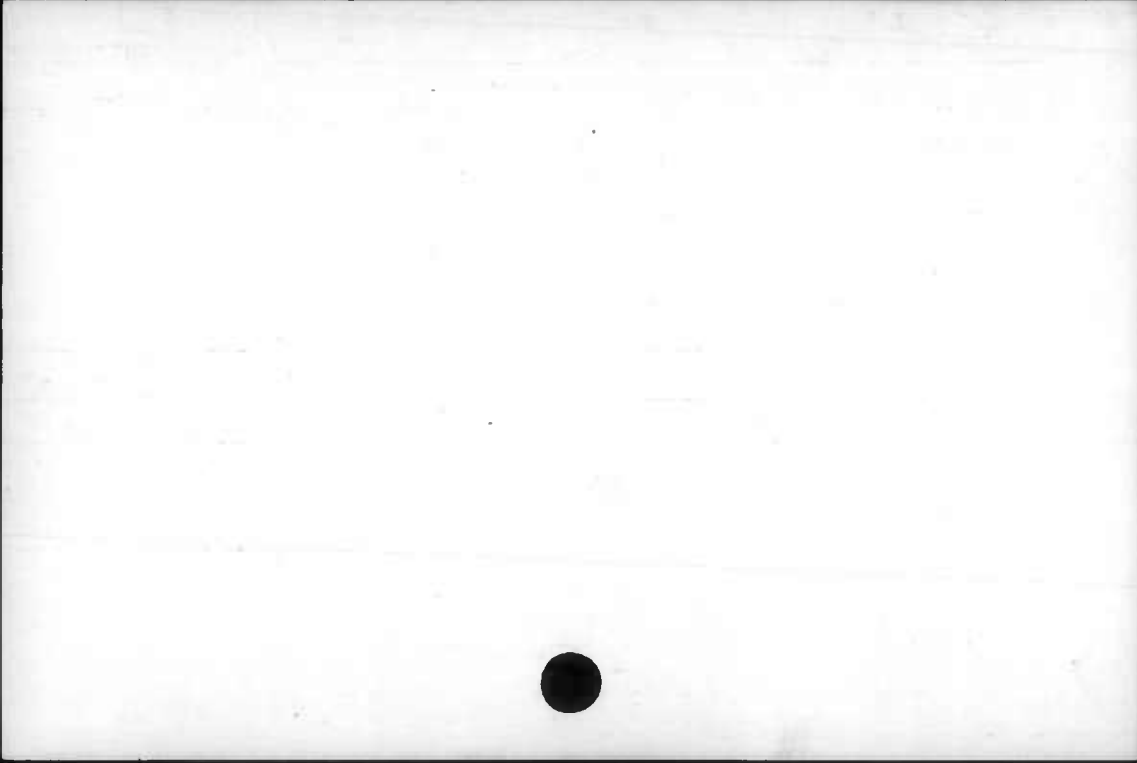
Died at <i>New London</i>		County <i>Tredavick</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	June	1	Age 90		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Unk</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>George Nelson</i>		
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Melden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving Information <i>Nicholas Albough</i>			How related to deceased <i>stone</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	✓
Immediate		How long	✓
Are the name, age, sex, color, date and place correctly given above? <i>as near as can be</i>		Signature of Physician <i>George Lindstedter</i>	
		Address <i>New Market Maryland.</i>	
Accident or Suicide <i>Neither</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John F. Nusz</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Disd at <i>Montevideo Hospital</i>		Month <i>June</i>		Day <i>2</i>		Years <i>62</i>	
Date of death <i>1909</i>		Age <i>62</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>			
Occupation <i>Shivemaster</i>		Where Residing if not at place of death <i>Montevideo Hospital</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Widow <i>Agnes. Nusz</i>					
Father's Name <i>John H. Nusz</i>		Father's Birthplace <i>Prick County</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>—</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

27

How long

Primary *Pulmonary Tuberculosis*

How long

Immediate *Exhaustion**1 week.*

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

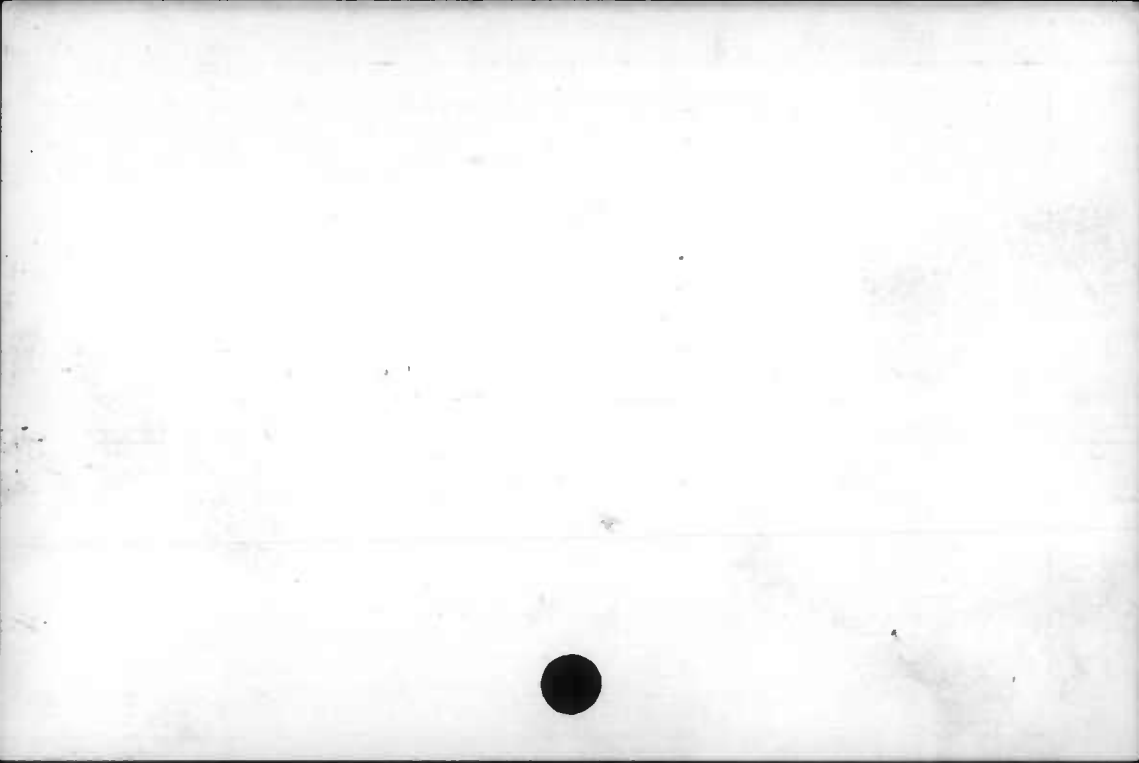
H. P. Fahrney

Address

*Frederick**H. C.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name

in
Full

William E. Orrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

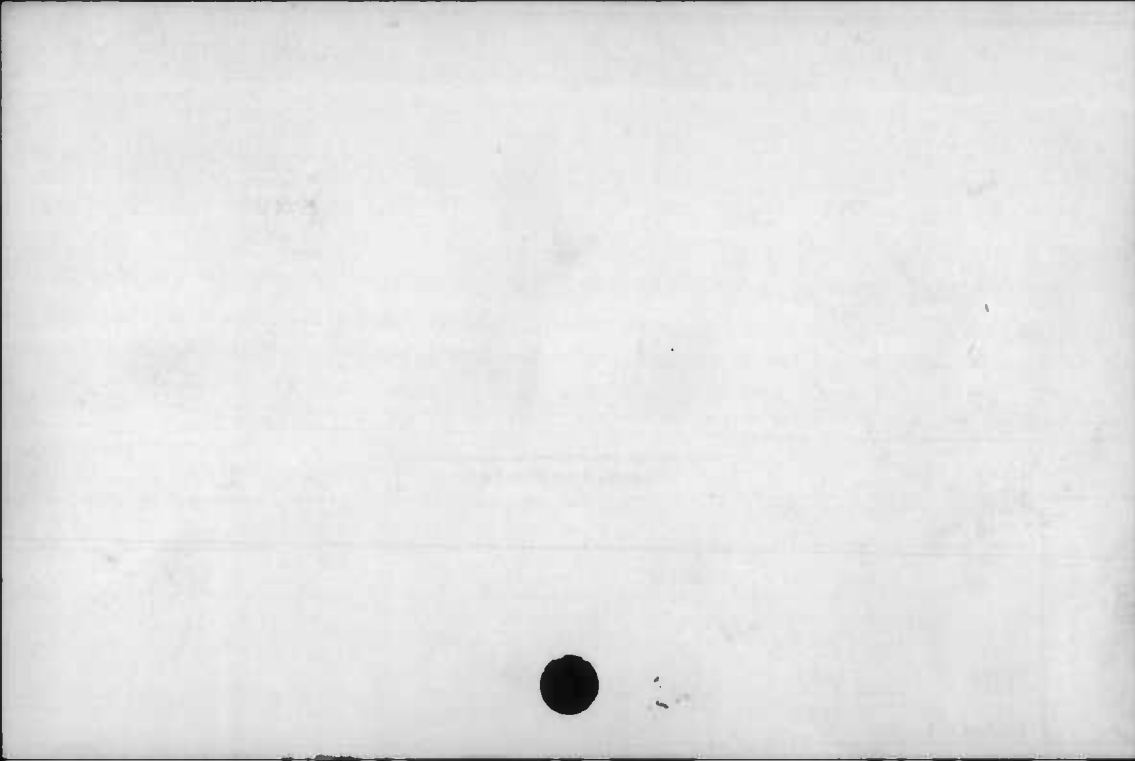
Died at		Town Brunswick		County Zachary		MARYLAND	
Date of death		Month June	Day 29	Age 48		Months	Days
Sex male		Color or Race white		Birth-place W Va			
Occupation Police man				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Annie Funk					
Father's Name Wm E Orrison		Father's Birthplace W Va					
Mother's Maiden Name Susan Heine		Mother's Birthplace W Va					
Name of person giving information Henrietta Orrison		How related to deceased daughter					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	(F swelling of brain & stuff Blow on the back of head Cerebral hemorrhage	How long 10 minutes (?)
Immediate		How long "
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. R. Curry M.D.
		Address Brunswick, Ind.
Accident or Suicide? Homicide		



Name
in
Full

Harrison T

Palmer

CERTIFICATE OF DEATH

Died at

Frederick

Town

Frederick

County

MARYLAND

Date

of death

1909

Month

6

Day

30

Age

Years

0

Months

9

Days

28

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Child

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robert Palmer

Father's
Birthplace

F. Co Md

Mother's
Maiden Name

Nancy Deacons

Mother's
Birthplace

Frederick

Name of person giving
Information

Mrs Palmer

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pertussis

How long

3 weeks

Immediate

Acute Myocardial

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Ma Long
City.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment July 1 - 09

" at Greenmount Cem.

Thomas R Rice F.R.S.

Dr. Long

Dr McGeerdy

Name

in
Full

Poole, Infant.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>6</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	<i>1 Hr</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John A. Poole</i>				Father's Birthplace <i>Frederick Co Md.</i>			
Mother's Maiden Name <i>Stella M. Kesselring</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>John A. Poole</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Prematurity</i>	How long <i>7 1/2 mcs</i>
Immediate <i>asphyxia</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hudson</i>
	Address <i>Frederick</i>
Accident or Suicide? <i>—</i>	

Interment June 21 - 1909.

" at Lewistown Cemetery

Thomas F. Rice F.D.

Dr. Hedges

Dr. M. C. Curdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

The Prior
Town

Frederick
County

MARYLAND

Died at *Frederick*

Date of death 190*9* *June* *11*

Day

Age *80*

Months

Days

Sex *Male*

Color or Race *W.*

Birth-place *MD*

Occupation *Farmer*

Where Residing if not at place of death *Hopkinton MD*

Married, Single or Widowed *Single*

Name of Wife or Husband *—*

Father's Name *Eligible Prior*

Father's Birthplace *MD*

Mother's Maiden Name *Wolfe*

Mother's Birthplace *MD*

Name of person giving Information *C. C. Auditor*

How related to deceased *Wife*

CAUSES OF DEATH

108

Primary

Strangulated Hernia

How long

36 hours.

Immediate

Shock

How long

6 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes.

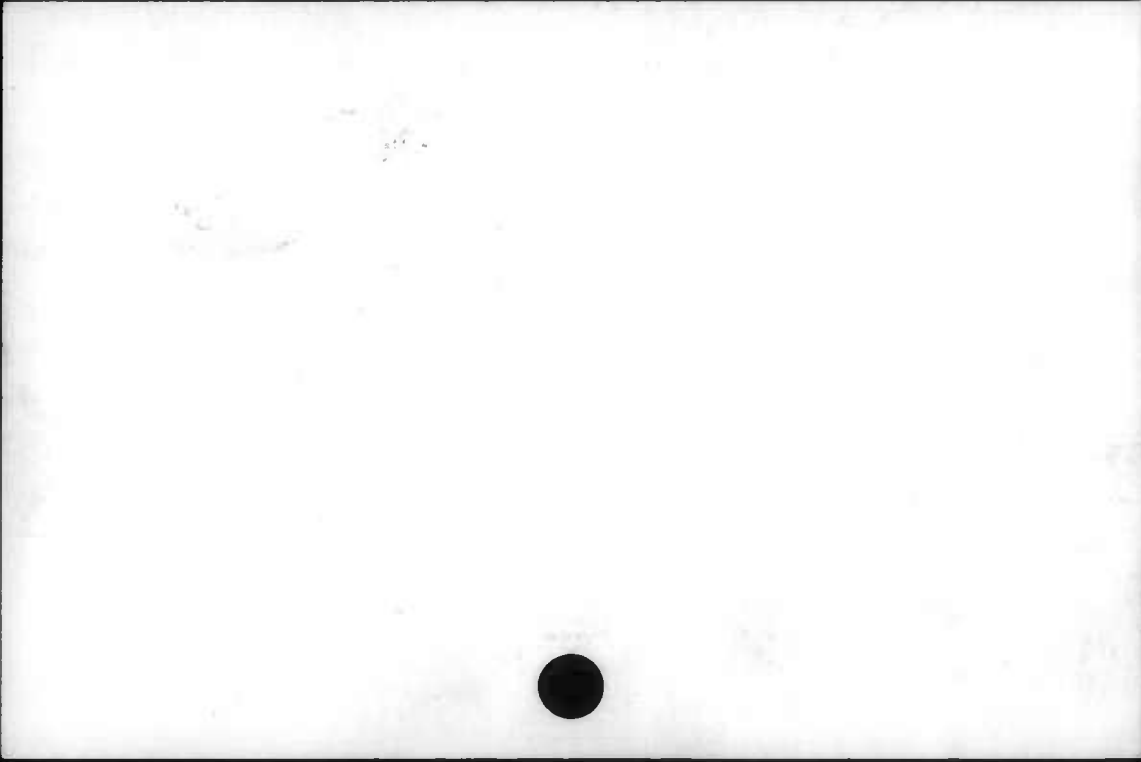
Signature of Physician

Address

*Thos. B. Johnson
Frederick, Md.*

PHYSICIAN
OR CORONER

— or Suicide



Name
in
Full

CERTIFICATE OF DEATH

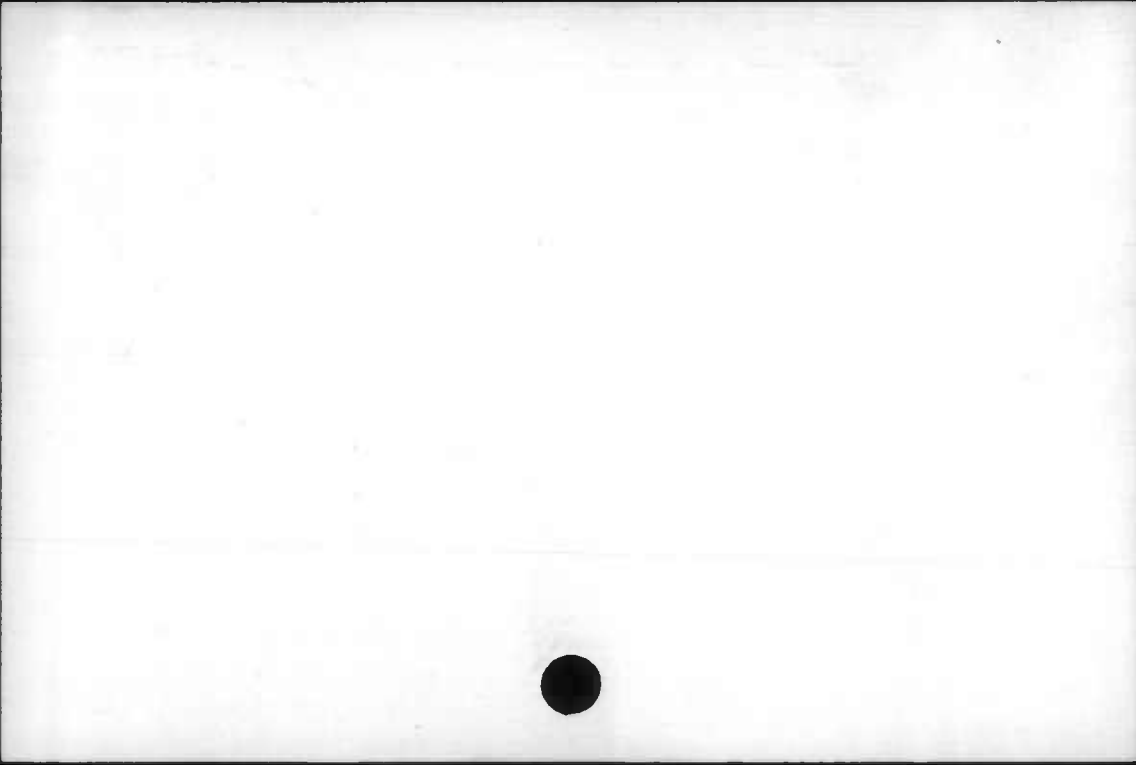
TO BE ANSWERED BY
NEAREST FRIEND

Died at Sabillasville ^{Town}		Fredrick ^{County}		MARYLAND	
Date of death 1909 June 11 ^{Month Day}		Age 50 ^{Years}		6 ^{Months} 7 ^{Days}	
Sex Female	Color or Race White	Birth-place Fredrick Co. Md.			
Occupation Housewife		Where Residing if not at place of death at place of death			
Married, Single or Widowed	Name of Wife or Husband Carmenius Pryor				
Father's Name Augustus Conrad	Father's Birthplace Germany Md.				
Mother's Maiden Name Phyllie Wagaman	Mother's Birthplace Sabillasville				
Name of person giving Information Fleet Harbaugh		How related to deceased Son-in-law			

CAUSES OF DEATH

Primary Peritonitis	How long 5 days
Immediate "	How long 5 day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician C. L. Wachter
Yes	Address Sabillasville Md.
Accident or Suicide No.	

PHYSICIAN
OR CORONER



Name
in
Full

Catherine Rupp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

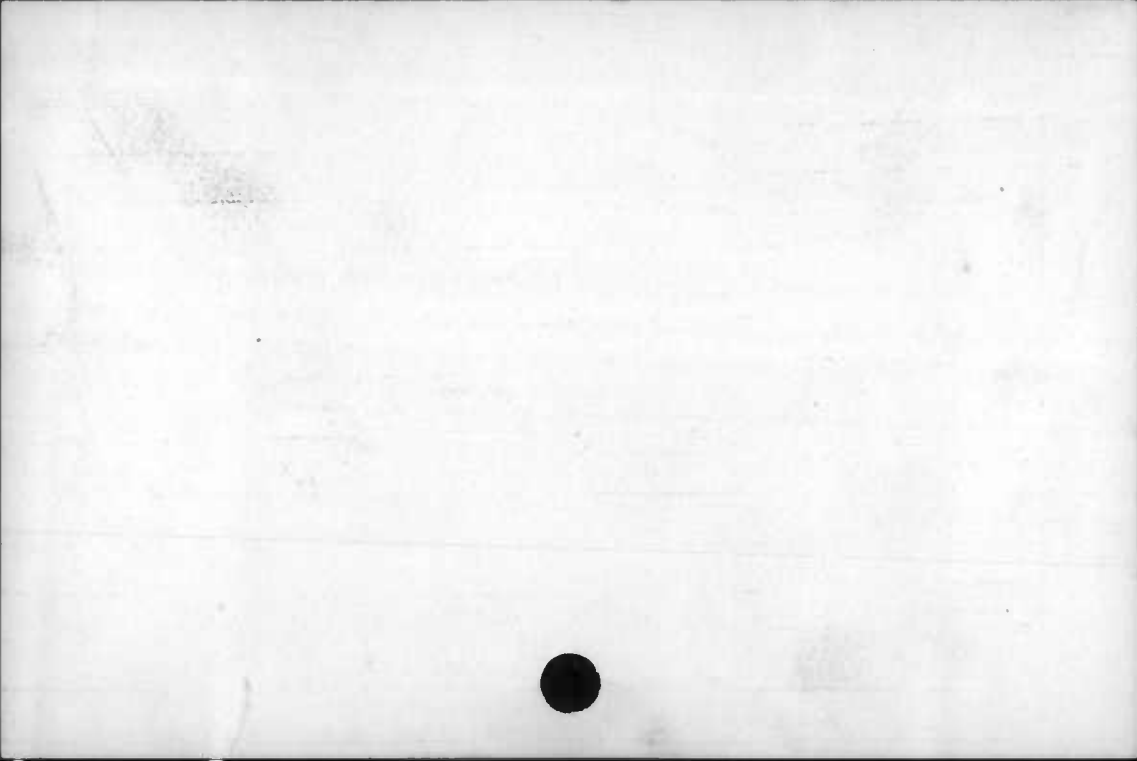
Died at <i>Johnsville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>18</i>	Years <i>78</i>	Months <i>1</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co. Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife Husband <i>William H. Rupp</i>			
Father's Name <i>Emanuel Herr</i>		Father's Birthplace <i>Pennsylvania</i>			
Mother's Maiden Name <i>Catherine Petrey</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Fannie B. Rupp</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

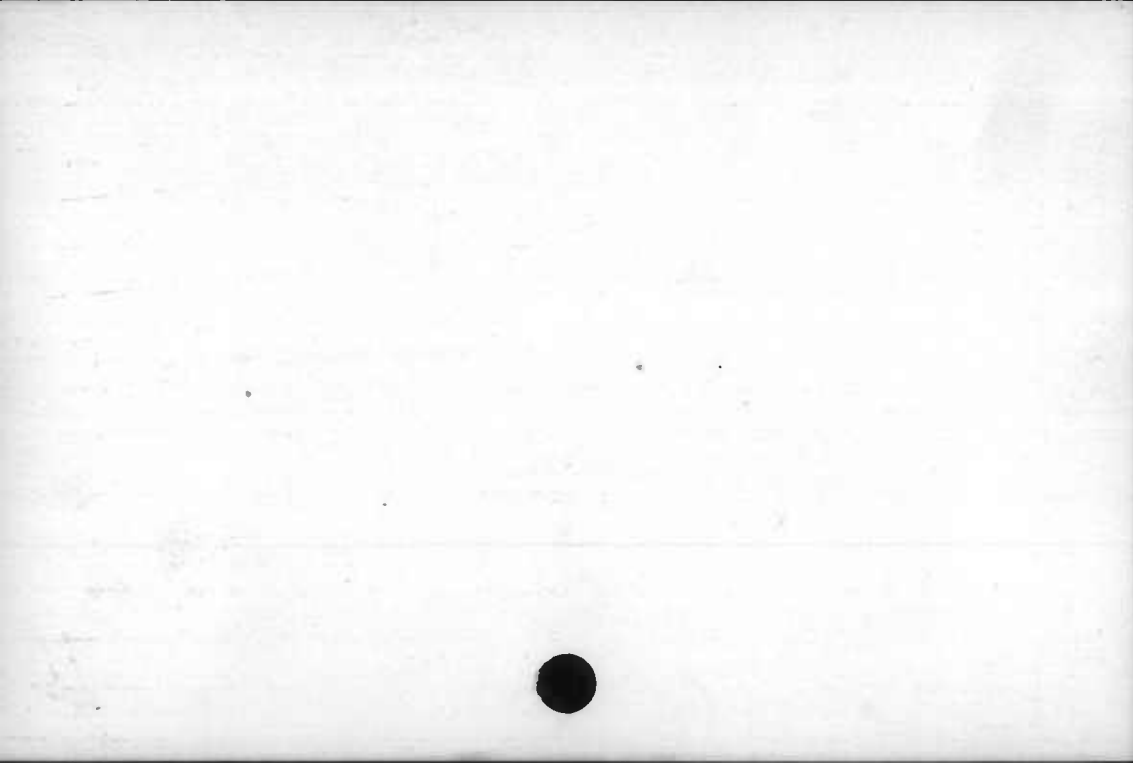
64

Primary <i>Hardening of Arteries</i>	How long <i>about 8 yrs.</i>
Immediate <i>Cerebral Apoplexy</i>	How long <i>16 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Sidwell</i>
	Address <i>Johnsville, Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name in Full Annie M. R. Rhodes		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Breagerstown <small>Town</small>		Frederick <small>County</small>	
	Date of death 1909 June 5		Age 37 <small>Months 9 Days 17</small>	
	Sex Female	Color or Race White	Birth-place Breagerstown	
	Occupation Housewife	Where Residing if not at place of death at place of death		
	Married, Single or Widowed Married	Name of Wife or Husband Samuel D. Rhodes		
	Father's Name William H. Kolb	Father's Birthplace Breagerstown		
	Mother's Maiden Name Sarah J. Main	Mother's Birthplace Bolivar		
Name of person giving information Samuel D. Rhodes		How related to deceased Husband		
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Tuberculosis	How long Six months	27	
	Immediate Exhaustion	How long two days		
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. D. S. Young	Address Breagerstown	
			Fredk Co.	
	Accident or Suicide?			



Name
in
Full

Amanda Caroline Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Doub TownFrederick County

Date of death | 90 | 9 | 6 | 30 | Day

Age | 73 | Years

8 Months

3 Days

Sex FemaleColor or Race WhiteBirth-place VaOccupation SpinsterWhere Residing if not at place of death DoubMarried, Single or Widowed SingleName of Wife or Husband James D. BachsellFather's Name John RichardsonFather's Birthplace Don't knowMother's Maiden Name Sarah RichardsonMother's Birthplace " "Name of person giving information James D. Bachsell

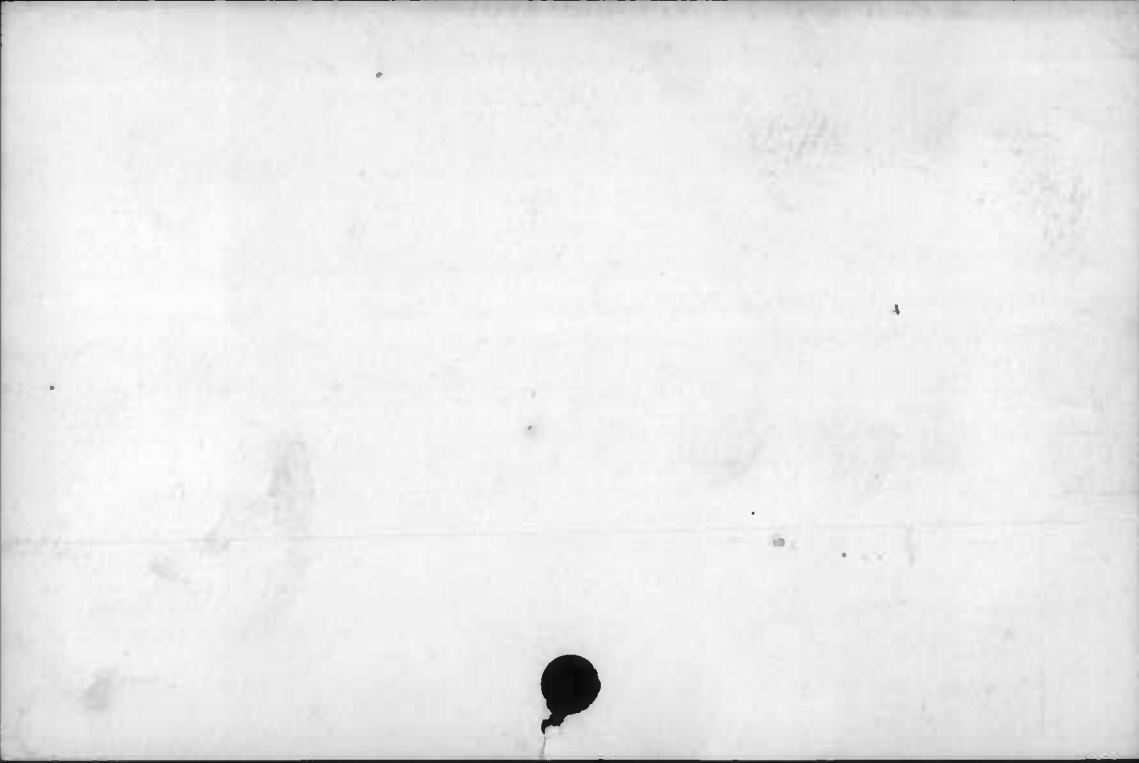
How related to deceased

CAUSES OF DEATH

154

Primary SerilityHow long 3 daysImmediate ApoplexyHow long 3 "Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician R. C. HumeAddress Adams townFrederick Co. Md

Accident or Suicide?



Name in Full		Ernest T. Roberts.				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Frederick	County Frederick	MARYLAND				
		Date of death	1909	Month 6	Day 26	Age —	Months 8	Days 14		
		Sex	Male		Color or Race	Black		Birth-place	Frederick	
		Occupation	—			Where Residing if not at place of death			Same	
		Married, Single or Widowed	Single		Name of Wife or Husband				—	
PHYSICIAN OR CORONER		Father's Name			William W. Roberts			Father's Birthplace	Frederick	
		Mother's Maiden Name			Laura C. Moundock			Mother's Birthplace	"	
		Name of person giving information			Wm W. Roberts			How related to deceased	Father	
		CAUSES OF DEATH				(179)				
PHYSICIAN OR CORONER		Primary			Marasmus			How long	Amputation	
		Immediate			Exhaustion			How long		
		Are the name, age, sex, color, date and place correctly given above?			yes			Signature of Physician		U. S. Brown M.D.
								Address		Fredrick Md.
		Accident or Suicide?			—					

Interment June 27 - 1909

" at Greenmount Cemetery

Thomas P. Rice F. D.,

Dr Bourne

Dr. McCurdy.

Name
in
Full

Mary A Svisa

CERTIFICATE OF DEATH

Died at ^{Town} *Sabillasville* ^{County} *Frederick* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *6* ^{Years} *16* Age *53* ^{Months} *9* ^{Days} *—*

Sex *Female* Color or Race *white* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Joseph Svisa*Father's
Birthplace*Italy*Mother's
Maiden Name*Sarah V Hollin*Mother's
Birthplace*Ind*Name of person giving
Information*Mrs Sans*How related
to deceased*Sister*

CAUSES OF DEATH

How long

Primary

Immediate

Cancer of bowels

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*C. L. Wachter*

Address

Sabillasville Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Edith C. Shelton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death	1909	Month 6	Day 24	Age 1	Years 1	Months 1
	Sex	Female		Color or Race	White		Birth- place
	Occupation			Where Residing if not at place of death		Same	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John E. Shelton				Father's Birthplace	Frederick Co Md
	Mother's Maiden Name	Agness Reed				Mother's Birthplace	" " "
Name of person giving In formation	Moss Shelton				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chlora Infantum				How long	6 days
	Immediate	Exhaustion				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?				Address M. A. Long Frederick Md		

Interment June 25—1909
" at Mt. Olivet Cemetery

Thomas P. Rice F. D.

Dr. Long

Dr McBurdy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Franklin E. Smith*

Died at *Fredrick City, Md* **County** *Fredrick* **MARYLAND**

Date of death *1909* **Month** *6* **Day** *10* **Age** *43* **Years** *Months* *Days*

Sex *Male* **Color or Race** *White* **Birth-place** *Fredrick Co*

Occupation *Farmer* **Where Residing if not at place of death** *Araby Fredrick Co*

Married, Single or Widowed *Single* **Name of Wife or Husband** *Mollie Krantz*

Father's Name *John Smith* **Father's Birthplace** *Fredrick Co.*

Mother's Maiden Name *Rebecca Mummick* **Mother's Birthplace** *Middletown Md*

Name of person giving Information *Wife of deceased* **How related to deceased** *118*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

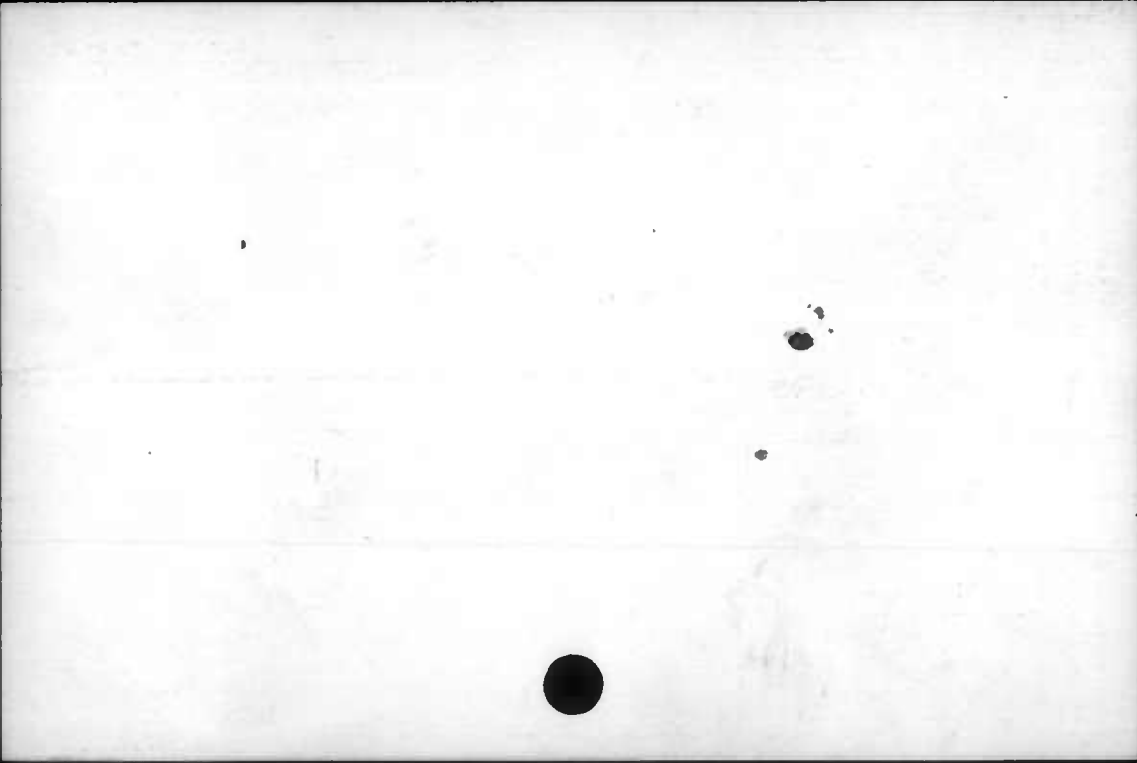
Primary *Acute appendicitis* **How long** *118*

Immediate *Appendicitis* **How long** *3 days*

Are the name, age, sex, color, data and place correctly given above? *Yes* **Signature of Physician** *F. H. Hedger*

Address *Fredrick Md*

Accident or Suicide



Name
in
Full

Mrs Annia M. Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

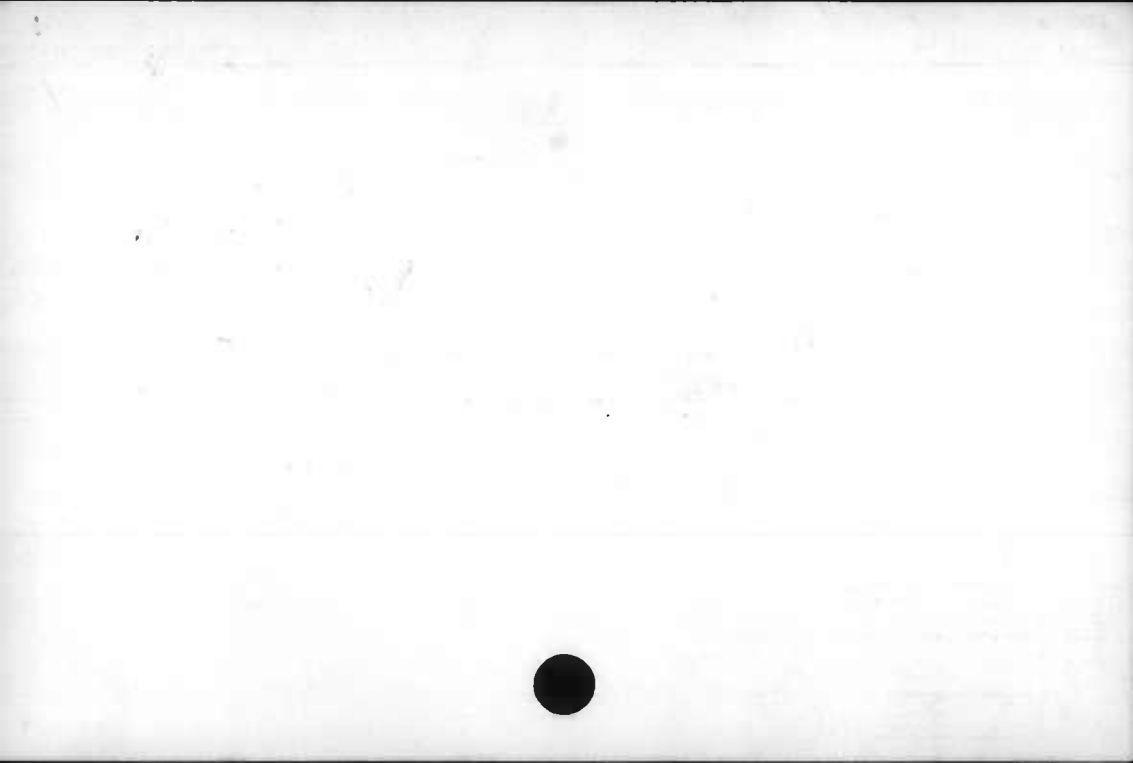
Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	6	Day	20
Age	74	Years		Months	1
				Days	28
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Alevy Snyder		
Father's Name	Jonathan Kaufman		Father's Birthplace Baltimore Md.		
Mother's Maiden Name	Elizabeth Metzger		Mother's Birthplace Petersville, Frederick Co. Md.		
Name of person giving Information	William Pickett		How related to deceased Son-in-law		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular disease of Heart		How long	2 mos
Immediate	Paralysis - old disease		How long	5 min
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. F. Gordon MD	
Yrs		Address	Frederick, Md	
Accident or Suicide		no		



Name
in
Full

Susan Spurrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walkersville</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>6</i>		Day <i>10th</i>		Age <i>54</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bedk County</i>		Months <i>6</i>		Days <i>—</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Susan Spurrer</i>							
Father's Name <i>John B. Dickman</i>		Father's Birthplace <i>Ind</i>							
Mother's Maiden Name <i>Min Shivers</i>		Mother's Birthplace <i>Ind</i>							
Name of person giving Information <i>J. D. Spurrer</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>Two weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. D. Nicodemus</i>	
		Address <i>Walkersville, Ind</i>	
<i>Accident or Suicide</i>			



Name
in
Full

Nannia F. Wachter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>6</i>	Day <i>10</i>	Age <i>50</i>	Years <i>0</i>	Months <i>0</i>	Days <i>29</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Frederick</i>
Occupation	<i>House Wife</i>			Where Residing if not at place of death		<i>Same</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>George S. Wachter</i>			
Father's Name	<i>Lawrence Bentz</i>					Father's Birthplace	<i>Frederick Md</i>
Mother's Maiden Name	<i>Ann S. Lambright</i>					Mother's Birthplace	" " "
Name of person giving In formation	<i>Geo. S. Wachter</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Insufficiency</i>		How long	<i>7 years</i>
Immediate	<i>Hemiplegia, Apoplexy</i>		How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>H. H. Hedger</i>
		Address	<i>Frederick</i>	
Accident or Suicide?		<i>no</i>		

Interment June 12 - 09

" at Mt Olivet Cemetery

Thomas P. Rice F. O.

Dr Hedges

Dr McCurdy,

Name
in
Full

CERTIFICATE OF DEATH

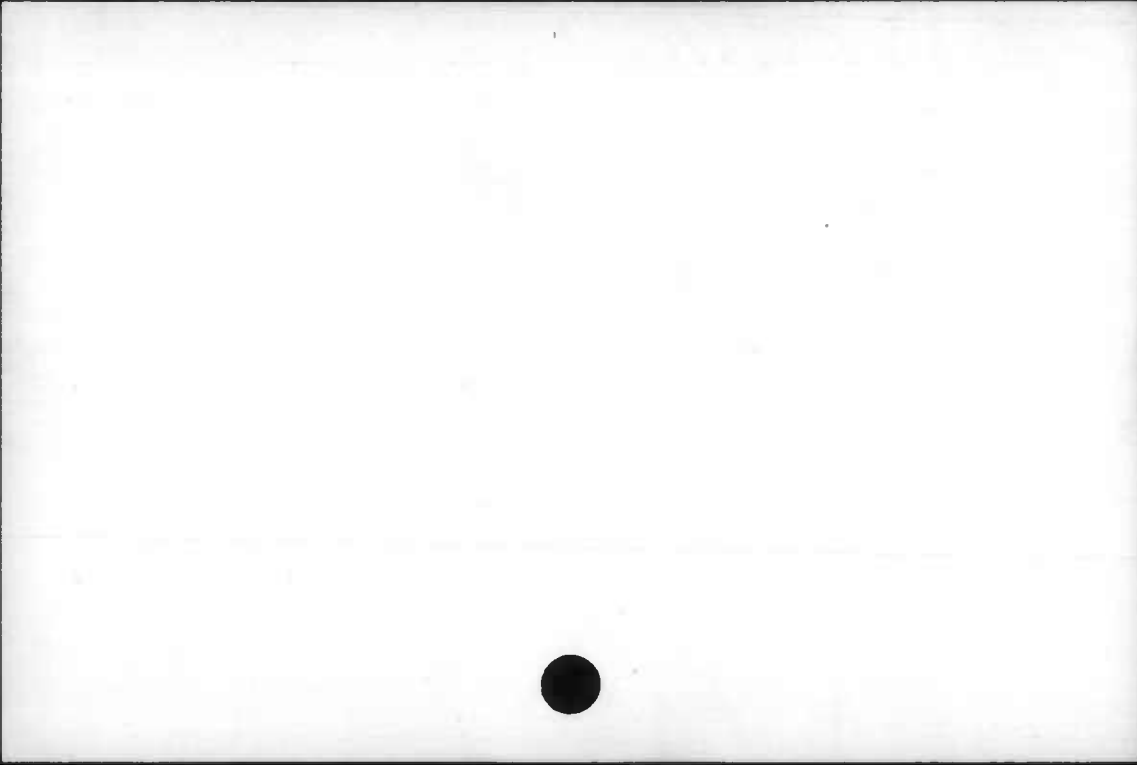
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edmundsburg</i>		County <i>Frederick</i>		MAYLAND	
Date of death 190 <i>9</i> June <i>7</i>		Age <i>76</i>		Montha <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Same as above</i>				
Married, Single or Widowed	Name of Wife Husband <i>Stanislaus Walter</i>				
Father's Name <i>Jacob Wickert</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Dont Know</i>	Mother's Birthplace <i>Dont Know</i>				
Name of person giving Information <i>William Walter</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>None</i>	How long <i>66</i>
Immediate <i>Paralysis</i>	How long <i>15 Minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Eichelberger, M.D.</i>
	Address <i>Edmundsburg M.D.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Thomas R. Waschen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

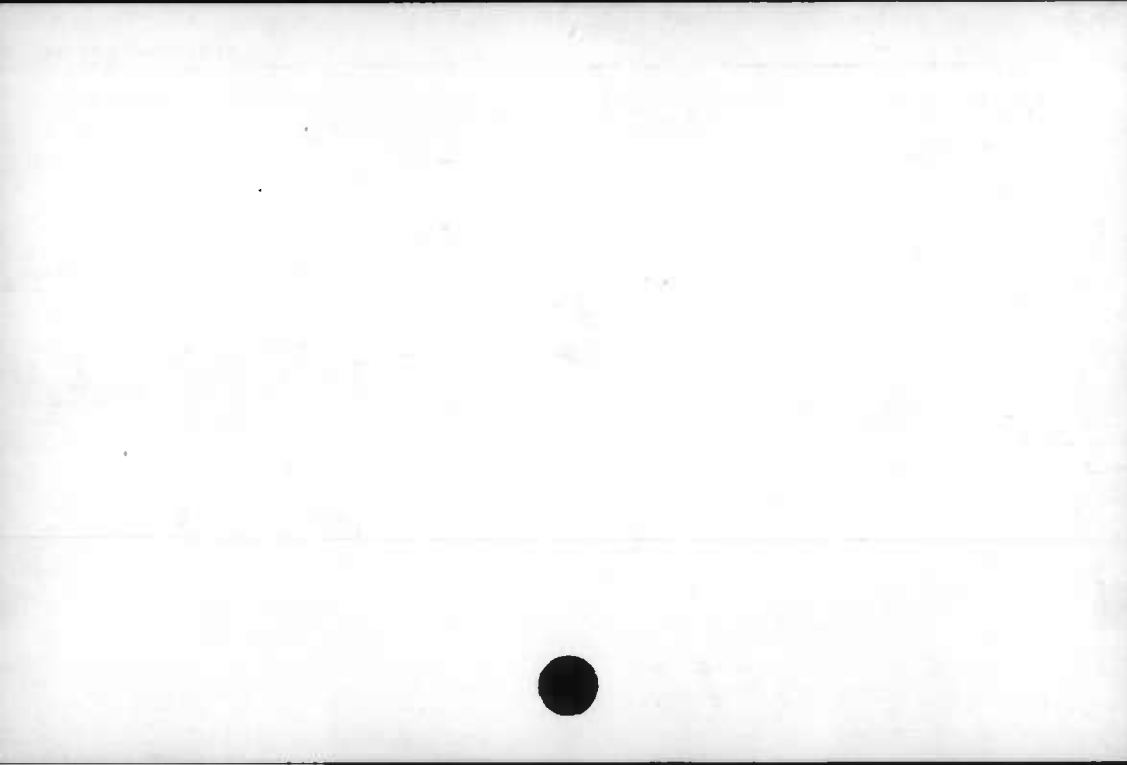
Died at ^{Town} Emmitsburg ^{County} Frederick, MARYLAND
 Date of death 1909 June 22nd Age 67^{Years}
 Sex Male Color or Race White Birthplace Keyville Md
 Occupation Laborer Where Residing if not at place of death =
 Married, Single, or Widowed ~~Single~~ Married Name of Wife or Husband Alice Short B.
 Father's Name Henry Waschen Father's Birthplace Keyville Md
 Mother's Maiden Name Catherine Cassile Mother's Birthplace " "
 Name of person giving Information Mott Morrison How related to deceased Nephew

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Anasarka and Acites How long Four Months
 Immediate Vascular Disease of the Heart, How long Two Months
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician John B. Brunner M.D.
 Address Emmitsburg Md.
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John H. Helper* Town *Mt Pleasant* County *Washington*

Died at *Mt Pleasant*

Date of death *1909* Month *June* Day *16* Age *73* Years Months *6* Days

Sex *Male* Color or Race *White* Birth place *Mt Pleasant*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Annalee E. Helper*

Father's Name *John Helper* Father's Birthplace *Ind*

Mother's Maiden Name *unk* Mother's Birthplace

Name of person giving information *Annalee Boone* How related to deceased *Daughter*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Cardiac dropy* How long *5 months*

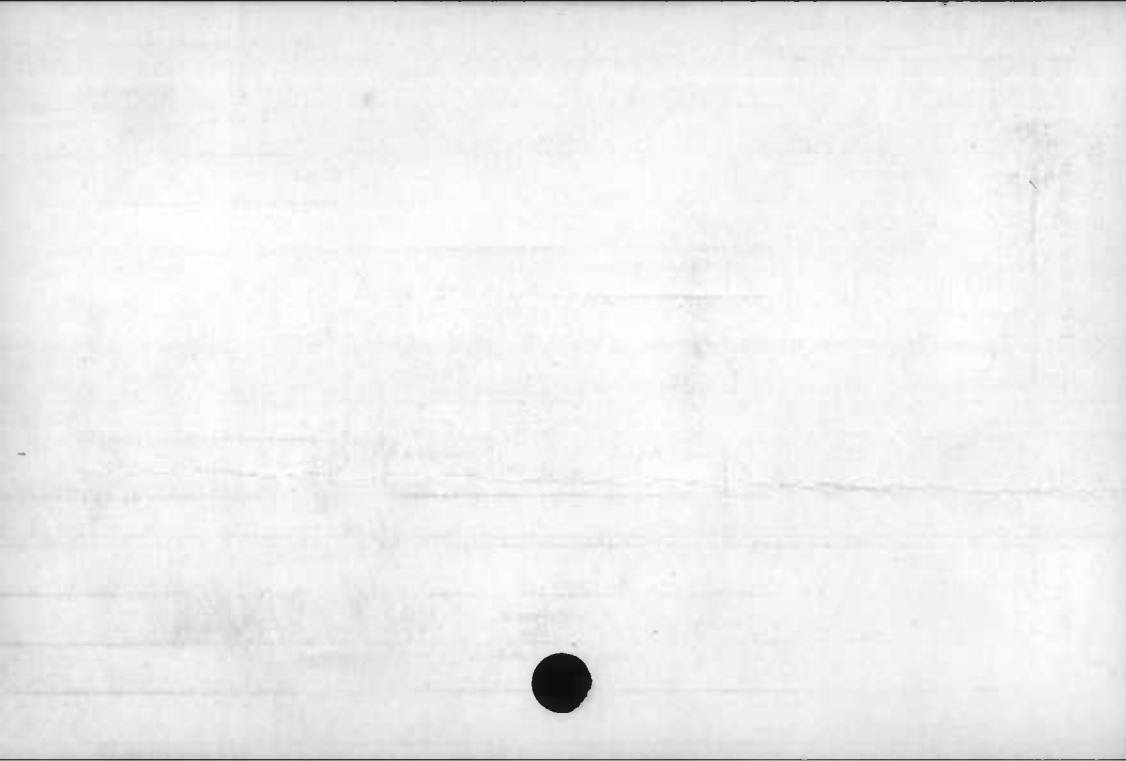
Immediate *Gangrene of lower extremities* How long *2 months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. S. Nicodemus*

Address *Haltersville, Md.*

Accident or Suicide?



Name
in
Full

Mary Reed Westall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick ^{Town} Fredrick ^{County} MARYLAND

Date of death 1909 ^{Month} June ^{Day} 26 Age ^{Years} 85 ^{Months} — ^{Days} 26

Sex Female Color or Race White Birth-place Moss

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Jane Westall

Father's Name Thomas Allen Father's Birthplace Moss

Mother's Maiden Name Nancy Marshall Mother's Birthplace Don't know

Name of person giving Information Mrs. E. Beatty How related to deceased Grand Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis ^{How long} 1 wk

Immediate Ext. Fracture ^{How long} —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Levin West

Address Brunswick Fredrick Co

Accident or Suicide



Name
in
Full

Susana White

CERTIFICATE OF DEATH

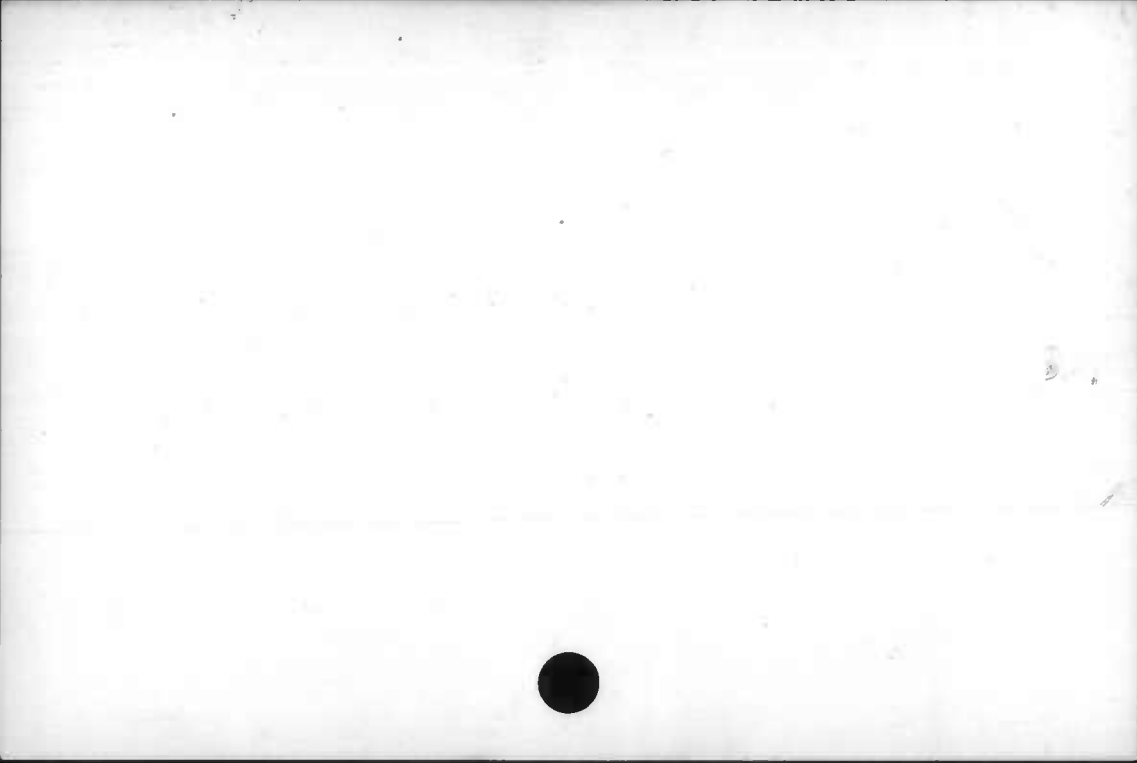
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home. Near Adamstown. Md.</i>		Town <i>Adamstown. Md.</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1909 June 21</i>		Month <i>June</i>		Day <i>21</i>		Age <i>86</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>		Months <i>4</i>	
Occupation <i>x Retired</i>		Where Residing if not at place of death <i>x</i>					
Married, Single or Widowed <i>W.</i>		Name of Wife or Husband <i>John White</i>					
Father's Name <i>Ben White</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Susana Allworth</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>C. C. Cawley</i>		How related to deceased <i>Widow</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	<i>(66)</i>	How long	<i>2 mos.</i>
Immediate	<i>Paralysis</i>		How long	<i>48 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. C. Cawley</i>		
		Address <i>Frederick Md</i>		
Accident or Suicide				



Name
in
Full

Hile Ben Whitmore.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Walkersville^{County} FrederickDate
of death 1909Month
6Day
4Age
—Months
—Days
—

Sex Male

Color or
Race WhiteBirth-
place CoOccupation
noneWhere Residing if not
at place of death

Co

Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name Gen WhitmoreFather's
Birthplace CoMother's
Maiden Name Mrs OlsenMother's
Birthplace CoName of person giving
information — BartonHow related
to deceased

CAUSES OF DEATH

How long

Primary

How long

Immediate Hile Ben

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

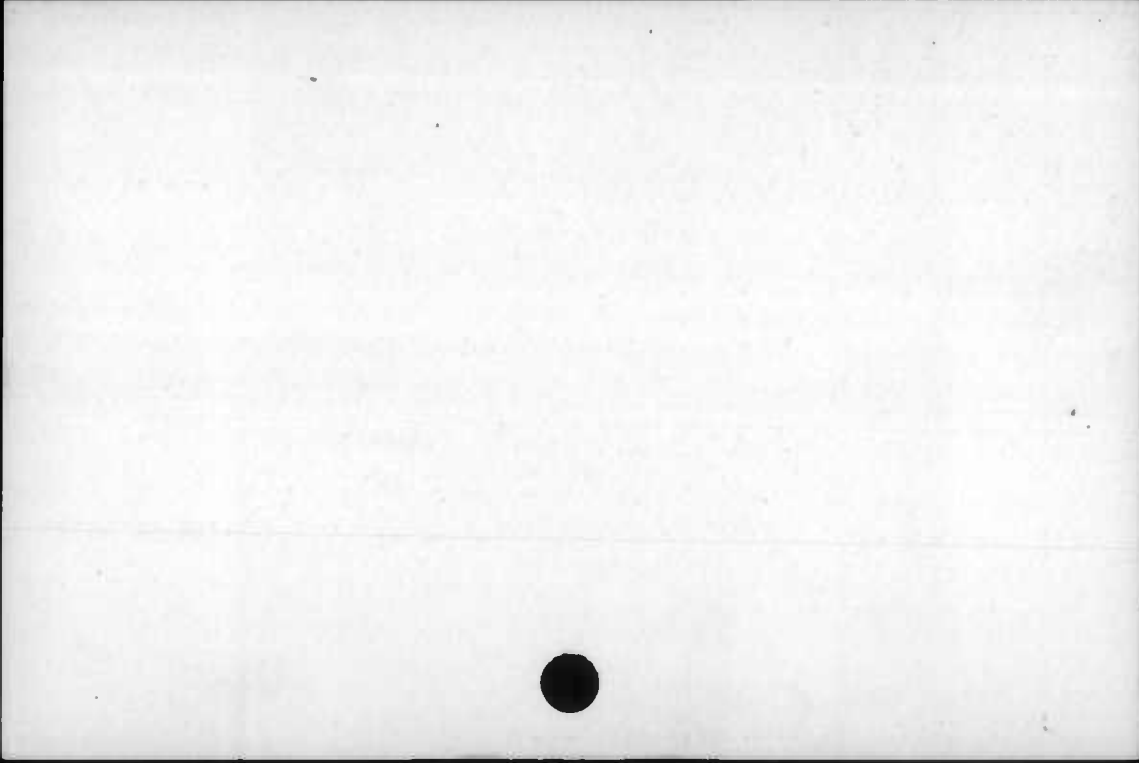
Address

D. J. Woodman

Walkersville

Md

Accident or Suicide?



Name
in
Full

Mary Catharine Whitney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brunswick ^{County} Frederick MARYLAND

Date of death 1909 ^{Month} June ^{Day} 23 ^{Years} Age 60 ^{Months} ^{Days}

Sex Female Color or Race white Birth-place Don't know

Occupation House work Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Dennis Whitney

Father's Name Daniel Rittner Father's Birthplace

Mother's Maiden Name Lucy Rittner Mother's Birthplace

Name of person giving Information Geo. Whitney How related to deceased Son

CAUSES OF DEATH

Primary Cerebral Haemorrhage How long 64 12 days

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Levin Wiest

Address Brunswick Frederick Co

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

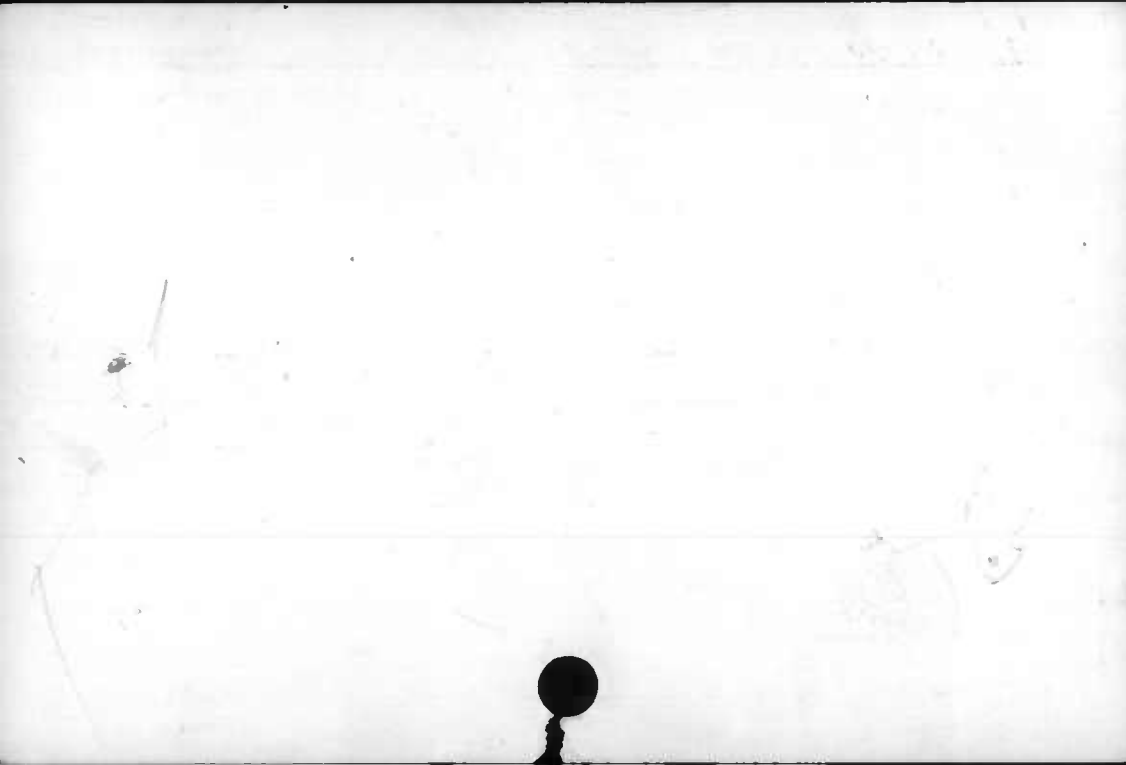
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	9	77		7	10
Sex	Female	Color or Race	White	Birth-place	Detroit		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Geo. L. Hinebrenner			
Father's Name	John Stampbaugh			Father's Birthplace			
Mother's Maiden Name	Elizabeth Eyer			Mother's Birthplace			
Name of person giving Information	Marshall Hinebrenner			How related to deceased			
				Son			

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Senile Debility -	How long	2 yrs. & 4
Immediate	Arterio-sclerosis.	How long	3 weeks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. L. Hammond	
		Address	
		Woodsboro, Md.	
Accident or Suicide		No.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Amie J. Young* County *Frederick* MARYLAND

Died at *Middletown* Month *June* Day *14* Years *37* Months *9* Days *1*

Date of death *1909* Sex *Female* Color or Race *White* Birth-place *Frederick Co Md*

Occupation *Seamstress* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Solomon R Young* Father's Birthplace *Frederick Co*

Mother's Maiden Name *Laura R Herring* Mother's Birthplace *Frederick Co*

Name of person giving Information *S R Young* How related to deceased *Sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *10 years*

Immediate *Exhaustion* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ed Beckley*

Address *Middletown Md*

Accident or Suicide *—*

